

# THE ALKALOIDAL CLINIC.

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## THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

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ADDRESS  
THE ALKALOIDAL CLINIC,  
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**QUESTIONS** of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

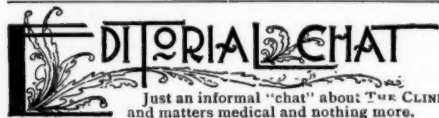
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### IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about THE CLINIC and matters medical and nothing more.

### WHY WE ARE LATE.

We owe our subscribers an apology for being so very late this month. Unforeseen delays and complications in perfecting the working of our new plant have placed us at the foot, but we will be nearer the top next time and presently will get where we belong. We trust that the added interest of this issue will be an ample reward for waiting so long for it.

### WHAT NEXT?

We have kept our promise, and this issue of the CLINIC is a special on the diseases of the respiratory tract. We believe it to be of great value. Please tell us what you think about it; and at the same time let us know what subject you would like to have taken up for our next special effort, in April or May. Give your first and second choice.

### THE INDIGESTION OF CONSUMPTIVES.

Lafage remarked that the consumptive who eats and digests his food is capable of being cured. Professor Dickson used to say that every symptom of consumption had its remedy except the digestive ailments, and when these were reached consumption could be cured. We can subdue the fever, relieve the cough, check the night-sweats, stop the diarrhea, and, in spite of all, the debility increases. But in the use of such antiseptics as iodoform, guaiacol and the sulphocarbolate of lime, we have at last found the means of preventing or curing the gastro-intestinal disorders, and thus brought one step nearer the desired cure. And what a step it is!

### ASEPTIC SURGICAL FEVER AND NUCLEIN.

The cause of fever following wounds, surgical or accidental, when suppuration has not occurred, has always been a mystery. The question has been recently studied by Schnitzler and Ewald (Arch. f. klin. Med., quoted by the *Med. Record*). They conclude that the fever is due to a combination of influences, and show that nucleins and albumoses are set free by the injury, and are at least in part the cause of the fever, when sepsis is absolutely excluded. As nuclein appears in the urine in the form of alloxur, the presence of the

latter is evidence of the entrance of nuclein into the circulation. This, of course, occasions an increase in the number of white blood cells. It has been shown further that nuclein causes a rise of temperature when injected in large doses, especially in tuberculous animals. In these, also, evidences of local reaction may be found, after death, about the tubercular deposits, similar to those noticed after injections of tuberculin. This explains the occurrence of fever, and possibly of tubercular developments, following surgical operations. The inference is also tenable, that upon nuclein depends any value that tuberculin may possess.

#### THE HYPOPHOSPHITES IN PHTHISIS.

No remedies are less understood than the hypophosphites, as used in phthisis. Churchill introduced these salts, as oxidizable and assimilable forms of phosphorus, believing that consumptives were deficient in the power of absorbing and assimilating these elements. But in their use the principles laid down by him have been almost forgotten. He advocated the use of single hypophosphites, administered in a state of chemical purity, and the base being determined by the condition present.

Thus, in the softening stage of tubercle, when it is desired not only to sustain the system but to assist in liquefying and ejecting the tubercular deposits, he gave the hypophosphite of soda. But when this was done, and the time came to repair the injury to the lung, he substituted the hypophosphite of lime. So, also, the quinine salt could be given for fever, iron for anemia, strychnine for debility, arsenic for innutrition, etc. And this is in strict accordance with the alkaloidal principle of accurate dosage for the object desired.

But nowadays, when one concludes to give the hypophosphites he is apt to prescribe one of the mixtures of all these salts in one dose. Matchless tonics they

are for conditions of general debility; but in the treatment of consumption their use is assuredly not Churchill's method.

#### DR. WAUGH'S BOOK.

Note the announcement of Dr. Waugh's new book in the advertising pages. While in no sense given to dosimetry, it has full directions for the use of the alkaloids in each disease, and for all other methods of treatment as well. The work is now in press. It is printed on good paper, from new type especially bought for it, and will be handsomely bound in half-morocco.

#### SPITTING VS. SWALLOWING SPUTA.

The Chicago Health Office has inaugurated a crusade against the habit of spitting in the street cars; and the men who do this are liable to be taken before a magistrate and fined \$10. In some respects this is a wise regulation. Not only is the public spitter disgusting, but he is a source of danger; for from the inhalation of the dried sputa comes infection with the germs of tuberculosis, pneumonia, influenza and, possibly, catarrh.

Every spitter should carry a cuspador, and no more think of evacuating his air-passages in public places than he would his bowels. Very convenient cuspadors are now made, that are easily carried in the pocket, containing a paper receptacle inside that can be withdrawn with its contents and burnt—the only proper way of disposing of sputa.

But will people use them? We fear not. Many will not even trouble themselves to walk to the end of the car and expectorate, but will swallow the sputa instead. Thence comes a long series of affections, due to infection of the stomach and bowels, and easily managed by those who comprehend the principles of intestinal antiseptics, though inscrutable mysteries to those who do not.

However, as the measure is calculated

for the general good, at the expense of the individual, it meets with our hearty approval.

#### RESPIRATORY GYMNASTICS.

A correspondent writes, that he has noticed in his consumptive patients that rapid pulse and rapid respiration occurred together, and that by training them to take full, slow respirations, for an hour at a time, the pulse was reduced from 120 to 90, and the temperature from  $101\frac{1}{2}$  to 99, at the end of the hour's sitting. Very satisfactory improvement ensued, the patients gaining flesh, strength, etc. This serves to emphasize the importance of what has been termed "respiratory gymnastics." The exercise of the pulmonary apparatus, change of the residual air, expulsion of secretions, and exciting a healthier circulation in the blood and lymph channels, are all of value in these cases.

The idea is not new; in fact, many observers have, like our correspondent, discovered it independently. But it is characteristic of the professional brain that it rarely has room for two ideas at once; and since the rise of the tubercle bacillus many good, old ideas have fallen out of consideration.

While the exercise of correct breathing may not kill the germs of disease, it may help to do so indirectly, by putting the lungs in better condition, just as anything helps that is conducive to health.

#### ALKALOIDS APPRECIATED BY THE SENIORS.

We have had occasion to note how large a proportion of those who are interested in alkaloidal therapy are seniors in medicine. It is the men who have learned their lessons in the great school of actual practice, who have borne the heavy burdens of the doctor's life until their locks are streaked with white, who give the heartiest

welcome to the clean-cut, sharp-edged implements of modern medical warfare.

In the course of twenty years of medical practice one gets rid of a heap of useless truck; he unlearns a good deal of his student lore, and holds fast to that knowledge which he can utilize. And one thing he learns is that it is not worth while to carry around four pounds of inert matter, for the sake of the ounce of alkaloids it contains.

This is one reason why the letters in the CLINIC are so straight to the point; they come from experience, real bedside experience; and are not made up of what Professor Deutsch and Dr. French and J. Bull, M. D., said, or did, or thought.

#### BE FRIENDLY.

If you enjoy and get good from this special issue of the CLINIC, why not send a few copies to your friends. The price of this issue is 20 cents each. Send us \$1.00 and the names of six physicians, and we will send each a copy with a note saying that it is by your request.

#### GOULD VS. THE RECORD.

*The Medical Record* has refused to allow its contents to be abstracted for *The American Year Book of Medicine and Surgery*; and the editor is after the *Record* with a red-hot poker. He claims that, as the *Record* does not pay for the papers published in its pages, there is the less reason why the publisher should claim such exclusive control over them.

But the question is open to discussion. If the writers of the articles for the *Record* do not feel that the circulation given their papers is compensation enough, they are not compelled to contribute them to that journal. And whether the existence of publications made up from journal cuttings is advantageous to the latter is also debatable.

### **PNEUMONIA.**

How many of our contributors have written upon pneumonia! This shows how important is the consideration of this widespread and dangerous malady. No part of our country is free from it. To every practitioner success in treating it is of vital importance. And, singularly enough, success is attained by the most different routes; by the veratrum of the south, the cardiac stimulants of Juergensen, the hot and the cold applications to the chest, the digitalis in scruple doses of Petrescu and the antimony of Trousseau. But the best way of all is not to let the case get as far as pneumonia, but break it up in its incipency with the little Defervescent or Trinity granules. It needs but few cases to give one confidence in these magical little "arms of precision."

### **OUR NEXT SPECIAL.**

What shall it be? We have a pretty good start for one upon uterine affections; but we will be guided by our readers, the majority ruling. Please drop us a line and say what would help you the most. Give first and second choice.

### **REMEDIES FOR PHTHISIS.**

Darwin, in his "Origin of Species," acknowledged that the thought of how little chance a favorable variation had of surviving and becoming fixed, came near to shaking his belief in the theory of evolution. We can realize the truth of this when we survey the field of therapeutics. Every year sees new remedies for phthisis brought forward; but of these scarcely one receives a really exhaustive test before it is pushed aside by the crowd of new-comers. Even as to the merits of Koch's Tuberculin the profession is scarcely decided, though the balance is heavily against it.

And what about the Tuberculocidin, iodine and gold, calomel, cantharidate of

potassium, phosphide of copper, cyanide of gold and potassium, mercury thymol-acetate and cyanide, methylene blue and sodium formate, as well as the older elecampane and the newer creosote-guaiacol compounds? Has any one of them been really tested to an absolute conclusion? Surely, we need, above all else, special sanatoriums for consumptives, where all new and old remedies can be thoroughly tried.

### **BOUND VOLUMES OF THE CLINIC.**

If you want a complete volume of the CLINIC for '96, in nice cloth binding, send your file, with 10 cents each for any missing numbers, and \$1.00 more, and we'll send you one prepaid. We will bind two years in one volume at the same price.

### **NEW CONSUMPTION CURE.**

The French Academy has appointed a committee to investigate the merits of Dr. Crotte's formaldehyd-electricity treatment of pulmonary tuberculosis, for which so much has been promised. The committee consists of Professors Chauveau, D'Arsonval and Bouchard. Whatever report this committee may make, we suppose that the inventor of the treatment will find it to have been very successful, for he has received very much free newspaper advertising, and the public is still the same hopeful public.

### **THE CLINIC NOT A RECEPTION ROOM PATIENT-HOLDER.**

Recent criticism, favorable and otherwise, on the work of the CLINIC during the last few months of '96, brought out the statement from one physician that he did not want a journal which he could not leave on his reception room table for the entertainment of his patients.

This is the first time we ever knew that medical journals were used as reception room entertainment, and we do



not believe that many CLINIC readers look upon them as such. The idea is preposterous, and no wise, resourceful physician would ever think of making use of a journal like the CLINIC in this way. It is brimful of help for the doctor and items that would be of interest and entertainment to the quackishly disposed laity as well, but what wide-awake physician would think of letting his patients have access to his sources of knowledge.

We do not spend the days and nights of a month upon the CLINIC to have its teachings peddled in this way. As a most valuable trained nurse once said to an inquisitive member of a family in which she was serving: "Temperature and medicines are for the physician and nurse and not for the patient or family;" so the CLINIC is for the physician and not for his patient.

#### ENGLISH GOOD ENOUGH.

We heartily wish that our contributors would write what they have to say in good English. We do not mind an occasional Latin or German digression on the part of our only Epstein, but we do not like prescriptions written half in English and the rest in anything but good Latin, and everything abbreviated more or less without regard to the rules of abbreviation. We have plenty of room to print "tincture" or "fluid extract" or "grain" or "ounce" or even "granules;" and it would make the work of your editors much easier and add to the simplicity and helpfulness of the CLINIC, if you would each and every one remember this. But we want you to write, anyway, and if you haven't time to spell out, just make a "dab" at it and we will do it for you.

#### WHAT IS YOUR EXPERIENCE?

Dr. Schwenninger, of Munich, claims to have discovered a new mode of reducing the bulk of the human frame. It is never to eat and drink at the same time, but

to let two hours intervene. He has, it is said, cured Prince Bismarck of a tendency to obesity in this way. Fat people have now their choice between four systems: 1st. The original Banting, which consists of eating nothing containing starch, sugar, or fat. 2d. The German Banting, which allows fat, but forbids sugar or starch. 3d. A Munich system, which consists of being clothed in wool and sleeping in flannel blankets instead of sheets. 4th. Not eating and drinking at the same time.—*Ex.*

#### POINTED IDEAS.

Bartholow calls apomorphine the best of expectorants; and Shaller considers it *par excellence* in capillary bronchitis.

Murrell uses the wine of ipecacuanha as a spray for coughs.

Ipecacuanha is a specific for nearly all the complications of measles, but two demand the tincture of iron in huge doses—convulsions and gangrene of the cheek (noma).

Codeine is a better cough remedy than morphine; but those who say the former can not produce the narcotic habit should remember the fate of Ananias.

Try sanguinarine, the Dosimetric Trinity and hyoscyamine, a granule of each, every quarter to half-hour, to break up a cold, and see if you are not pleased.

#### THAT IS THE REASON.

The greater the number of copies printed the less is the cost of each. That is why we are able to send you such a fine CLINIC to-day, because our subscription list is growing so large. So you see, it is to the interest of every subscriber to secure others for the CLINIC. Let each reader send us one new subscriber, and we can double the size and add to the beauty of the journal for you.



AND  
"THE ALKALOIDAL BABY."

W. L. COLEMAN,  
HOUSTON, TEXAS.

## LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

### MALARIAL FEVER. LA GRIPPE.

By W. L. Coleman, M. D.

[Concluded.]

THE use of the alkaloids, according to the dosimetric method, has made the treatment of malarial fever simple, easy and effective, as well as its abortion and jugulation; for in its dynamic stage there are prodromic symptoms, unerring heralds of its approach; and right treatment, instituted then, invariably aborts the threatened paroxysm.

I learned to do this before the war, and before the advent of the hypodermic syringe. A young man, aged 26 years, had been suffering every three weeks, for several months, with tertian chills and fever which the usual remedies had failed to cure. He came to my room at my hotel one morning for a fresh supply of medicine; and was taken suddenly with a violent chill, accompanied with intense aching and pains in his limbs. I put him to bed, ordered a hot mustard pediluvium, and gave him morphine sulphate, gr. 1-8, and atropine, gr. 1-250, by the mouth. In fifteen minutes he said he was beginning to feel warm and good all over, soon fell asleep and began to perspire.

In two hours he was able to return home, saying that I had struck the right medicine that time, and refusing to take anything else. He never had another chill or fever. This was an accident, of course; just as the juice of a lemon, squeezed into a cup of black coffee and drank just before the chill-time, has been often known to prevent a paroxysm and break up the habit of recurrence, so to speak.

But the three varieties of intermittents are so frequent in the south that familiarity with them breeds contempt with the people, and they seldom call a physician, but treat them with some one of the numerous "chill-tonics" found on the shelves of every drug store. It is only in the two congestive types, and the so-called typhomalarial fever, that they think the aid of a physician is needed.

In the first two, alas! he is often called too late; for so few have learned to recognize the symptoms indicating their approach. And in the last, well, I believe as a rule the patient would be better off without him; for I regard it as only the old "seven days" or bilious fever of forty years ago, prolonged by over-medication, especially by too much calomel and quinine. These are two excellent remedies, that have been terribly abused in this country, and the profession is to blame for it.

Quinine does not cure malarial fever by its supposed antiperiodic quality. It is a powerful nervous excitant in large doses, and by its overstimulation increases the existing neurasthenia produced by the disease. In small doses, frequently repeated, it is like strychnine, a gentle incitant of nervous energy, restoring nerve power; and, overcoming the neurasthenic condition of the patient, gradually brings the nervous apparatus up to its normal state.

In congestive fever, which occurs most frequently in children under ten years of age, if I am called in the first mild paroxysm, I give calomel, gr. 1-6, with brucine, gr. 1-134, every hour till six doses are taken; and follow with sodium phosphate, two or three teaspoonfuls in a glass of sugared lemon water, giving a third of it every hour or two till the bowels move freely. This soon restores bile to the previously chalky stools, and also acts freely as a diuretic.

Then in the intermission I give quinine, gr. 1-3, brucine, gr. 1-134, and sodium arse-

niate, gr. 1-67, every hour if quotidian, if tertian every two hours, but repeat every hour in the forenoon of the expected paroxysm. If this fails to prevent the third or congestive paroxysm, it so modifies it that the fever, though high, is easily controlled by the defervescent, aconitine, veratrine and digitalin, a granule of each every hour; to which a granule of brucine is added every alternate hour.

To prevent a return on the fourteenth or twenty-first day, I direct the quinine, brucine and sodium arseniate to be given three times a day, before meals; and one granule each of quassin, phosphoric acid and iron arseniate after meals, with an occasional dose of sodium phosphate. I do not mean that I give all these granules every day, but I insist upon their regular administration during the five days preceding the day of expected return.

Physicians generally tell their patients to take quinine every sixth and seventh day, and give no elaborate directions for preventing another attack. It is true that if we prevent the return of other attacks our fees are curtailed, but when a patient is put into my hands for treatment, and I stop the paroxysms promptly, I know I have not cured him of the disease, and that other attacks will occur at regular intervals; and I conscientiously believe it my duty to mark out a course of treatment which will best and most certainly prevent this; and after giving all necessary directions, I tell the patient the responsibility is on his shoulders, if by neglect of these prophylactic measure she permits another return.

It is unnecessary for me to discuss the second variety of congestive fever, or to dilate upon the so-called "typho-malarial or slow fever" of late years; as I gave my treatment of the latter in the December CLINIC, 1895; and I dismiss the subject, by adding that my experience with it, during the past summer and fall, convinces me that I am right in saying it is not a new

disease or a new form of malarial fever, and bears no resemblance to typhoid fever except in its length; which I do not hesitate to say, after long and critical observation, is the result of injudicious over-medication.

Our editor writes me that the February CLINIC will be a special on diseases of the respiratory organs, and asks for a paper on this special line; but I have neither the strength nor time to prepare one, as I am slowly recovering from my first personal experience with what it is the fashion now to call "La Grippe." So I will, instead, give a brief account of a little epidemic of nine cases, seven adults and two infants, occurring in my household from Dec. 8 to 31.

But let me first say a few words about its cause and its absurd name; which the profession and laity of to-day seem to think is a new name for a new disease. But Prof. Thomas Watson, Lecturer to King's College, London, in a lecture delivered in 1837, during a fearful epidemic of the disease, said the French called it *La Grippe* in 1733, and that it had received various names, for it had been known and noticed from remote antiquity. He called it "catarrhal fever," and also "influenza," from the Italian, and in that celebrated and unequalled lecture he mentioned several noted facts which go far to prove the truth of the position I take as to its origin.

He says: "On the 3d and 4th of April, 1837, all London was smitten with it, just after a sudden rise in temperature and thaw;" that "in St. Petersburg, in the epidemic of 1782, on a cold night the thermometer rose 30° Fah.; the next morning 40,000 people were taken ill with influenza." He also says: "Two fleets sailed from Spithead early in May, 1782; and after being at sea for some weeks, without any communication with the shore, were suddenly smitten with the disease, and forced to return to port because so many of the crew were rendered incapable of duty."

My idea is that the same meteorological and electrical conditions which produce malarial fever in hot countries and paludal districts, give rise to influenza in the steppes of Siberia and Russia, and to Asiatic cholera on the Ganges.

In nearly all the cases in my house it began with a chill, accompanied by cephalalgia, intense pain back of the eye-balls, and aching in every muscle and bone of the body; followed by a high fever, lasting from thirty-six to forty-eight hours, and a dry, irritative laryngeal cough, which stubbornly resisted all the usual remedies. I will describe only the last three cases and my treatment.

My daughter-in-law, from Navasota, was taken Tuesday, 29th ult., about noon, with a hard rigor; and I put her to bed, determined to jugulate it if possible, and succeeded finely by the following means: I gave her one granule each of strychnine arseniate, digitalin, aconitine, atropine, gr. 1-250, and codeine, gr. 1-6; which dose was repeated in half an hour, followed by a hot mustard pediluvium. In an hour she was comparatively comfortable and perspiring. I continued the defervescent every hour till 12 m., with an occasional granule of caffeine for the headache, and cicutine for the cough. After midnight I put her on brucine, 1 granule; quinine hydrobromate, gr. 1-6, 2 granules; and aconitine, 1 granule, every two hours.

Her fever was gone by day-light, and she was able to be up and aid me in nursing her oldest, little Ralph, aged 35 months, who went to bed at 7 p. m. the day before, and in an hour was delirious, with a fever of 105°; respiration and pulse too rapid to count. I sat by his little bed the whole night, listening to his distressing moans and ramblings, and administering remedies to control the fever, without apparent effect, till 7 a. m., when I broke down and was about to call another physician; but before I could do so his temperature and pulse began to fall rapidly, and soon regis-

tered 101 and 126 respectively. I put him on brucine, quinine and aconitine, one of each every two hours during the day, but the fever did not subside entirely till late that night.

His little two-months-old brother took it next day, but the fever only lasted two or three hours, and his was the mildest case of all; being modified, I think, by the medicine he obtained through his mother's milk. I put them all on nuclein (Aulde's), a supply of which reached me on the 3d inst., from "The Abbott Alkaloidal Co."; and with immediate benefit, though the cough still clings to the children, and is the most incoercible one I ever treated.

Judging from my own case, the cough must be the result of reflex irritation, but from what point, or through what point, or through what nerve center, I am unable to decide positively; but am inclined to think that of sight, for after six days of almost incessant and uncontrollable coughing, I added one granule of atropine, gr. 1-134, to the Dosimetric Trinity at bed-time and my cough ceased like magic, and I have not coughed since.

I want no more of the annoying malady, for it is pre-eminently a neurasthenic disease, and the debility following it is only equalled by that of yellow fever, though not lasting so long.

Houston, Tex.

—:O:—

We've been there ourselves and can sympathize with Dr. Coleman in the affliction. No more painful, dangerous and, withal, exasperating complaint has ever burdened mankind than influenza.

Yellow fever is usually said to be over and the patient dead or back at his work in a week; but my personal experience coincides with Dr. Coleman's as to its tedious convalescence.

Note that if he had given way to discouragement, a very natural thing when one is treating his own family, the granules would have lost a well-earned triumph.—ED.



## THE FUNCTION OF NUCLEIN IN DISORDERS OF THE RESPIRATORY APPARATUS.

By John Aulde, M. D.

IN view of the conflicting theories relating to the general treatment of diseases of the respiratory apparatus, it will be well to take a comprehensive survey of the teachings which have heretofore held sway, and which are even now adhered to by many physicians.



JOHN AULDE.

In the first place, it will be advisable to show the unwisdom of the usual routine methods of treatment, which have for their object an increased output of mucus. The fallacy of this plan will be apparent, when we consider the reasons given for the administration of so-called respiratory "stimulants." Thus, they are usually exhibited for the purpose of getting rid of the mucus, which is supposed to afford the patient relief. On the contrary, they do not materially assist in getting rid of the mucus, because their special function is to increase mucus; and by their continued use the secreting cells of the respiratory apparatus become exhausted, the tissues are relaxed and the dangers of further invasion of the disease increased. Instead of function being restored by treatment, debility ensues.

In the second place, we must consider the untoward effects from even the discreet employment of nauseants, such as ipecac, antimony and the like; also the transient and questionable benefits from the employment of diffusible stimulants, such as ammonium and alcoholic products; or such dangerous remedies as opium and its derivatives, except temporarily in very rare instances, and then only to meet special indications. Nauseants derange the digestion and thereby undermine the very foundations of health and strength. The

only argument that can be adduced in their favor is that they may possibly influence elimination through other channels, as the bowels, kidneys and skin, and thus act as derivatives, lessening the work to be performed by the respiratory structures. But this they accomplish only in an exceedingly imperfect manner, and always at the expense of the patient's health and strength; and should be relegated to the department of veterinary practice.

The advantage of diffusible stimulants is but transitory and evanescent; and their employment, except as a temporary expedient, cannot be justified either on clinical or physiological grounds, since the effect they produce is always followed by a period of greater or less depression. Anodynes, such as opium and its derivatives, except in minute doses, should find no place in the treatment of disorders of the respiratory apparatus. Occasionally, however, the following formula may be used with benefit to allay cough when the bronchial secretion is arrested and the "hacking" is just sufficient to keep up the irritation: Calcium sulphide, gr. 1-40; pilocarpine hydrochlorate, morphine sulphate, each, gr. 1-100; in one tablet. Direct: Take a tablet every half hour, or hourly.

Opium and its derivatives are advocated by some when the secretion is abundant; by others they are recommended only when the mucus is diminished; so it will be observed that practitioners are not in accord with respect to their employment, and "when doctors differ who shall decide?" Those who are disposed to consider carefully the physiological basis of their treatment, will doubtless confirm the foregoing remarks concerning the disadvantages of opium, even without bringing to the front the decidedly objectionable effects of this product upon normal functions, realizing the manifest dangers from "locking up the secretions."

These views, which have held sway for generations, should not be dismissed with-

out a brief consideration of the conservative process of dame Nature, in her efforts for the relief of all affections of this character. Whether or not we admit that all disorders of the respiratory tract are dependent upon microbic invasion, it must be evident that these complications are caused by derangement of function, let the seat of disease be where it may. As a working hypothesis, let us assume that disorders of this class are due to constitutional influences, and that the local manifestations are simply indications that nature is making an effort to repair damages caused by atmospheric concatenations, as in the case of hay-asthma, or from exposure to chilling, as in the case of a common cold, or to a pneumococcus, as is said to be the case in pneumonia.

Inflammatory action is said to take place, and this inflammatory action results in an increased secretion, the function of which is now better understood than in former years. The true object of this increased secretion is to counteract the ravages of diseased conditions, be it hay-asthma, a common cold, or pneumonia, by the "determination of blood to the part," as taught by our predecessors, but, as understood now-a-days, by a determination of "defensive proteids" to the part, of which nuclein is the chief; or, as our editor has happily designated it, by a determination of "the active principle of life."

Taking pneumonia as an illustration of the position assumed, we know that inflammatory action is attended with more or less certain results; pathological conditions following derangement of function; and this is true whether or not we accept the modern conception of the infectious character of the disease. For many years it has been recognized that a determination of blood to the part means a tendency to recuperate and this rule applies to surgical as well as medical practice. Now, what, for example, is the meaning of the inflammatory complication? In the opinion

of the writer, the increased secretion means a conservative activity, an increased functional activity of the leucocytes; or, in other words, a leucocytosis — an inflammatory leucocytosis; and an increased number of leucocytes in the blood-stream means an increased supply of the so-called "defensive proteids" to augment resistance, and to restore the functional activity of the cells.

Continuing our "working hypothesis," let it be assumed that pneumonia is due to a micro-organism; or for our present purpose let us assume a less advanced view, namely, that the pneumococcus is associated with the disease and that its severity is dependent upon the rapid multiplication of the micro-organism, due to the poisonous or toxic character of either the coccus or its products. In any event, nature sets up an inflammatory leucocytosis for the purpose of counteracting the effects of both the coccus and its products. When the proliferation of the poison is rapid and the general system unprepared for the contest, the case is regarded as serious; on the other hand, when the toxin is slowly diffused and resistance is what may be termed "normal," the case is regarded as mild and terminates favorably. The result of the contest, that is, the disease, depends entirely upon the ability of the system to produce a substance antagonistic to the coccus, in other words an antitoxin, such as nuclein is presumed to be, must be elaborated in the blood to destroy the power of the coccus to multiply. In the case of pneumonia the product might very properly be termed "pneumococcus-toxin nuclein," since this is in fact what is produced. Extending this system of nomenclature to other diseases of undoubted microbic origin, we would have in the case of diphtheria, diphtheria-toxin nuclein; and in the case of tuberculosis, tuberculo-toxin nuclein. The object of this digression is to point out that the principles upon which nuclein therapy is based are susceptible of both clinical and physiolog-

ical demonstration, and further, that these principles are general in their application, in all diseases to which human flesh is heir.

It seems the part of wisdom to recall here certain important factors in the treatment of disorders of the respiratory tract; first, because of the sweeping condemnation of routine methods, and second, because of the possibility that nuclein should be itself condemned by a perfunctory trial.

First, then: The use of nauseants, diffusible stimulants and anodynes, is discouraged, for the reason that they do not in any manner contribute to assist nature in the production of the necessary toxin, nuclein; but, on the contrary, seriously handicap the normal functions and thus lessen resistance.

And, secondly: Nuclein itself does not cure pneumonia, but when this substance is lacking, or the multi-nuclear white blood-corpuscles are unable, for lack of suitable pabulum, to produce it, nuclein can be introduced artificially; and thus do we assist in producing in the body the proper anti-toxin, always bearing in mind the importance of maintaining nutrition.

In the treatment of an ordinary case of subacute or chronic bronchitis, the distinct value of nuclein medication will be apparent. Here we do not have to contend with a rapid pulse, acute inflammatory action, derangement of digestion, and nervous complications; there is to be met the debility of the system, the relaxed condition of the tissues and lack of resistance on the part of the cells which cover the lining membrane of the bronchi. Some of these cases are treated successfully by the administration of strychnine arseniate, with or without calcium sulphide; others are more amenable to cod-liver oil, because many cases of this character become chronic through auto-infection from both the intestinal and the respiratory tracts. By forming an emulsion with the bile, the absorption of poisonous products from the

intestine is arrested, and nature soon corrects the bronchial trouble. Thus we see how much hinges upon the functions of nutrition, and how dangerous it is to administer remedies, in diseases of the respiratory tract, which tend to derange digestion. At the same time, the writer believes he has brought forward sufficient clinical and physiological data to warrant a careful consideration of his claims for nuclein.

Philadelphia, Pa.

### NUCLEIN IN PNEUMONIA.

By John E. Bacon, M. D.

THE value of this agent in pneumonia has only been recognized very recently, and its use has not yet become very general. Dr. Aulde called attention to it in one of his valuable papers of some time ago, but it seemingly has not occurred to many that this affection presents a plain indication for this remedy.



The practical physician needs not all theory but facts, in his reading, and facts of practical importance make up the bulk of the contents of the CLINIC each month; and therefore it has occurred to the writer that reports of cases, which are a demonstration of the action of a remedy or of the usefulness of a treatment, are worth more to the busy man, whose time for study is limited, than theoretical reasons why such results may be expected.

The following examples are selected from my case records, as most likely to afford a demonstration of the usefulness of nuclein in this disease.

Case 1. S. G., Norwegian; fireman; aged 30 years; walked into my office Nov. 14 complaining that he had taken cold, and requested treatment that he might resume his work the next day. Examination revealed the following startling condition:

Face dusky red; eyes staring, very bright and restless; lips dry, cracked, and parted to admit more air; tongue heavily coated with dirty yellow fur; temperature 103.6 F.; pulse 130; respiration 44; slight hacking cough and great pain in the right side. Examination of the chest revealed limited motion on the right side; absolute dullness and harsh bronchial breathing all over the right side, but no rales. Diagnosis: Acute lobar pneumonia of the right lung.

Treatment: Ordered him home in a carriage and to bed. Ordered calomel, gr. 5, sodium bicarb., gr. 15, at one dose, immediately, and also the following mixture: Tincture of veratrum viride (Norwood's), 16 minims; solution of glonoin (1 per cent.), 5 minims; water sufficient to make 2 ounces. Direct: One teaspoonful every hour until the pulse falls to 90 per minute; then every two to four hours.

Locally, hot turpentine stupes for twenty-four hours, followed by turpentine and lard, equal parts, and the raw cotton jacket.

Twenty-four hours afterward the bowels had acted well, the skin was moist and the pulse rate had fallen to 100; temperature 101.4. The patient coughed but little, and raised but little blood, and this was dark in color and tenacious in character.

His condition remained about the same for four days, when the heart began to fail rapidly; the pulse became very weak and frequent; the cough stopped entirely, and on the evening of the fifth day he was in a state of extreme exhaustion. The above treatment was stopped at once, and strychnine, gr. 1-60, was given every four hours hypodermically, with ten minims of Aulde's nuclein, every six hours, by the same method. He was nourished by Malted Milk, given hot, one or two ounces every two hours; and rectal enemas of milk and whiskey were given twice a day.

After remaining in a most alarming condition for twenty-eight hours he began to rally, and from that time steadily improved.

On the tenth day expectoration was established, and the pulse and temperature gradually declined to normal. The case made an excellent recovery and was discharged in just twenty-two days from the day he came into the office. This patient most probably would have died had the regular treatment been persisted in; and the case shows well the action of nuclein in promoting cellular metabolism.

Case 2. Mrs. C. K., aged 26 years; three months married; was taken with a severe chill on the evening of Dec. 2. The writer saw the patient three hours afterward, and elicited a history of her having been walking around in the wet the previous day and of having had wet feet. She also gave a history of ill-health for years, and presented the picture of a poorly nourished, chlorotic girl. She developed a typical and severe case of catarrhal pneumonia of both lungs; which, considering her history and her pale, bloodless appearance, with an evident lack of tone to all her tissues, made one fearful of tubercular elements in the present illness or as a sequel.

In view of this fact, nuclein was prescribed, in tablet form, two on the tongue every three hours. Oxygen was given every six hours regularly and whenever she had attacks of dyspnea, which she did frequently, and the oxygen appeared to serve a very good purpose in this respect. Owing to an extremely weak, rapid and irritable pulse, the following mixture was also ordered:

Ammonium muriate, 80 grains; tincture of digitalis, 160 minims; distilled water to make 2 ounces. Direct: A teaspoonful every six hours.

The inflammation seemed never to become as severe as the onset of the attack appeared to indicate, and the temperature was never over 101.5 F. At the end of twelve days it had fallen to normal, and all the treatment except the nuclein was dropped. Nuclein was given in doses of

two tablets three times a day, for two weeks longer; and the patient gained and improved in health beyond her condition previous to the illness.

More cases might be reported, but these are typical of them all, and more would but fill up valuable space. Nuclein has served me well in conditions like those met with in the above reported cases; and it has become to me a very reliable aid in combating those diseases in which there is disturbed cellular action. It fosters the life and strength of the leucocytes and adds to their number by its action on the great blood-cell making glands; and by conserving these it enables the organism to meet and overcome infection in almost every form.

79 Niagara Square,  
Buffalo, N. Y.

#### THERAPEUTICS OF NUCLEIN, POTASSIUM BICHROMATE, ETC.

By W. C. Buckley, M. D.

Case 1. A male child, aged two years; scrofulous diathesis; was taken sick about one week previous to the time at which I was



DR. W. C. BUCKLEY.

called. The mother had carried it to a neighboring drug-shop doctor, who had given it powders for fever, cough, disordered bowels, etc.

When I was called, the child evidently had catarrhal pneumonia. Physical examination revealed dullness over the left lung, vesiculo-bronchial breathing, moist bronchial and small subcrepitant rales. There had been no eruptive fever preceding, but suspicions of pneumonic phthisis were felt by me. There had been some sore throat; in fact, remains of acute throat inflammation existed at my first visit, but these soon grew fainter.

I ordered weak mustard applications to the chest, and also put a few granules of

Dosimetric Trinity, bichromate of potassium and emetine into a fourth of a glass, or twelve teaspoonfuls, of water, dissolving them therein. Of this, one teaspoonful was given every one or two hours till relieved of fever, cough, etc. To do this took about two days.

There being considerable general debility, nuclein granules were added to this treatment, and given in proper doses every three hours. At the expiration of about three days more, six days from the beginning of my treatment, the child appeared much improved; the fever and cough having abated, sleep having been induced, and the patient being much better in every way.

There is nothing new or strange about patients of this character making recoveries, but these cases often terminate fatally; and they are most apt to do so when not treated early and vigorously. Scrofulous or rachitic cases, or those enfeebled by other disorders, unless prompt resolution be effected, will, under the ordinary treatment, soon terminate so, or develop into pneumonic phthisis, the termination of which is usually fatal in from two to three years.

This child had not had good care during the first few days of its sickness, hence I feared that it might not recover. It had become very much reduced for want of proper nourishment. After a few days of the nuclein treatment the child had improved vastly; and soon it grew more lively and partook of its food with much more relish. I have found that, as a general rule, Malted Milk, Valentine's meat juice and such preparations, are well suited to the early stage of these and similar affections of children. They are well borne by weak stomachs and are also easily assimilated.

Case 2. Anne F., aged three years, was suddenly taken ill with vomiting and prostration; the vomiting was repeated several times during the first three hours and before my arrival. These symptoms were succeeded by high temperature. On inspecting



the throat I found, as might be supposed, the pharynx, tonsils, uvula, etc., with grayish white patches covering them.

As it has been my custom in these cases, I prescribed, dissolved in water, atropine, aconitine, bichromate of potassium and red iodide of mercury, in granules, sufficient of each to make the proper dose, to be given in teaspoonful doses every one or two hours. In this case, also, nuclein was added to the treatment. Nuclein powder was applied to the throat, and it was also given internally, in moderate doses, every three hours.

By the second day the temperature had lessened somewhat, but the patches remained; the nose now discharged an offensive fluid, which altogether looked very suspicious. The nuclein was continued and some calcium sulphide added. The next day following things generally presented a much more favorable aspect; the fever had gone and so also had the patches from the throat. The same medicines were continued, but at longer intervals. Next day the mercury and potash preparation were dropped, and on the next the calcium sulphide was left off. The nuclein was continued for three days longer, when all medication was ended.

This case, call it diphtheria, follicular tonsillitis, spurious diphtheria or what you may, was no doubt a contagious and infectious disease, but it was promptly aborted by the treatment adopted. Much every way was due to the antitoxic power of nuclein; not only so, but its great power as a vitalizer and tissue-builder was evident in this case, as no sequel of any kind followed, but good, and permanently good, health, was the final result.

It is proper for me to add here that, in the first case mentioned, Lactophenin was used. It is a favorite sedative with me in all cases requiring such a drug.

Prominent symptoms calling for potass. bichromate, are tightness and oppression of the chest, occurring in these and similar cases, and even in diphtheria and croup.

Nuclein being a phosphorized product, it is not to be considered surprising to find it acting promptly in revitalizing physiologic and chemic structures in the body. If vitality, growth and repair depend upon the quality of the blood-streams and leucocytosis, then in all these cases of debility nuclein should form a prominent part of the treatment, in order that the cellular growth and activity should be equal to the demands of the morbid changes produced by bacteria and other causes and their results. It is no longer a question about nuclein being both preventive and curative, I think, and when administered to patients for these purposes, certain and favorable results must be realized.

Philadelphia, Pa.

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We desire to emphasize the importance of this subject and urge upon our readers a careful trial of these remedies.—Ed.

#### ELECTRICITY IN DISEASES OF THE RESPIRATORY TRACT.

By W. H. Walling, A. M., M. D.

NASAL catarrh is treated by the direct and indirect methods. A convenient electrode for direct applications may be made of copper or other suitable wire, twisted upon itself, leaving a close loop at the distal end  $\frac{3}{4}$  of an inch in length. The proximal end is twisted to fit on the cord tip. Insulate the stem with shellac, leaving the ends bare. When it is desirable to act upon the tissues by electrolysis, or to enter the frontal sinus, the bare electrode is to be used. In all other applications it is better to cover the distal portion with absorbent cotton, wetted with water or some medicinal solution.

The technique of treatment by the direct method is as follows: The indifferent pole is applied to the forehead and held in place by a bandage. The nasal electrode is then cautiously introduced and a mild galvanic current turned on. Before this is

done, however, it is better to test the nasal cavity with the instrument, as in some cases violent sneezing is induced. If this follows the test, apply a 2 to 4 per cent solution of cocaine and proceed. The pole to be used will be determined by the conditions. In the acute form the positive is indicated; but as the majority of cases that apply for treatment are of the chronic variety, negative applications are indicated.

Any suitable medicinal substance may be used upon the nasal electrode, provided it bears the proper chemical relation to the applied pole (the chemistry of cataphoresis may be discussed at some future time, if the editor so wishes). Use a current-strength or intensity of from two to three milliamperes, with a sitting of from five to ten minutes, dividing the time between the two sides. Push the electrode as far up and back as can conveniently be done; but no attempt should be made to enter the frontal sinus with a cotton-covered electrode. If the canal leading to the sinus be closed, or nearly so, a single, bulb-pointed wire should be used, and the stenosis overcome by electrolysis. Use sufficient current to effect the purpose without force, very gentle pressure only being made. The negative pole is always used in such operations. This and other surgical proceedings, such as electrolysis of hypertrophies, tumors, etc., will not be considered further in this paper.

Indirect applications may be preferable in some cases, and are more or less beneficial in all. These are made by means of an ordinary electrode, a pad being upon the forehead as before. The other electrode is then passed over the nose, with frequent changes of polarity, without shocks; or both electrodes may be movable, passing them over the forehead and nose interchangeably, as may be found desirable. A current of five or eight ma. may be used. Flashes of light may be noticed in such applications, owing to a stimulation of the retina; but no attention must be paid to

these unless they are too pronounced in character, when the current should be reduced. This reaction of the retina to the galvanic occurs when the contact is either made or broken by the operator, or by moving the electrodes from a moist to a dry position of the skin. The phenomenon has very great significance in some conditions.

The faradic current may also be applied, using a very mild intensity, in the indirect manner. Also, one electrode may be placed on the forehead and the other on the tongue, as far back as possible. A current-controller is essential in these applications; otherwise the operator must act as a rheostat by holding one electrode in one hand and making applications with the other, through the tongue electrode. In this manner, by pressing one or more fingers on the electrode held in the hand a very gentle current may be applied. This method is very effective in acute throat affections, in which conditions the positive only is applied on the tongue. The sittings may last for five or more minutes, and be frequently repeated.

#### ASTHMA.

In this affection galvanization of the pneumogastric nerve is the most approved method of treatment, reinforced by more or less general faradization and static insulation. The pneumogastric nerve may be acted upon in several ways; by placing one electrode just back of the angle of the jaws, and the other over the nerve near the clavicle; by placing the lower electrode over the stomach, or using in place of the latter a thick well wetted belt around the waist, over which is placed a metal belt attached to the negative pole. A bifurcated electrode may be applied to the maxillary spaces and the current turned on, using an intensity of from five to ten ma., if the patient bears it well. Sometimes too great a stimulation of this nerve will produce nausea. A strong galvanic taste will be noticed and perhaps complained of.

The combined, or galvano-faradic current, may be applied in the same manner. To obtain this current attach the negative binding-post of the faradic battery, by means of a wire, to the positive post of the galvanic battery; the positive post of the faradic, and the negative post of the galvanic to the rheostat, having a meter in circuit. If without a meter or controller, attach the treating cords to these latter posts. Use the secondary coil of the faradic, having as much of it uncovered as may be required to give a pleasant current. Place, say ten to fifteen, of the galvanic cells in circuit, adjust the electrodes, and proceed with the treatment as before; *i. e.*, by the belt and bifurcated electrode to the neck. Avoid shock or a strong current. This method gives most excellent results in atonic dyspepsia.

It will be noticed, in using the combined current, that a larger number of galvanic cells will be needed to get the same number of milliamperes as when the galvanic only is used. This is due to the resistance of the faradic coil. Such treatment may be given every other day, with half-hour sittings. If given every day, fifteen to twenty minutes will be sufficient.

#### TUBERCULOSIS.

If this condition is recognized in the first stage, and the combined method at once instituted, together with static insulation, proper hygiene, etc., a cure may be expected. The galvanic current may also be passed through the chest, especially the upper portion, by placing large pads on the chest and back. Use ten to twenty-five or even more ma. for ten to twenty minutes, with several reversals of current, without shock. This application, and galvanization of the pneumogastric nerve, are most useful in apex catarrh and in bronchitis.

Static insulation, with the negative, is a most excellent treatment in all debilitated conditions. The ozone generated by the machine is also a very valuable aid in the

treatment of all chronic diseases of the respiratory tract.

While electricity has germicidal powers of a high order, it cannot be used for that effect with the human subject, except to a very limited extent. Its effects are nutritional, to stimulate metabolism, to restore cell activity; and in this manner to assist nature, to resist or overcome disease. The claim has been made, for the so-called X rays, that they are sufficiently germicidal in character to destroy the bacillus of certain diseases. Whilst these rays are not electric, they are most easily separated by means of an induction coil, or the electric spark, and hence come within the domain of electro-physics. We know as yet so little as to the physiological and therapeutic effect of these rays, that it would be premature to express any opinion regarding them.

Philadelphia, Pa.

#### CAPILLARY BRONCHITIS.

##### Some Thoughts on the Respiratory Tract.

By Ben. H. Brodnax, M. D.

WE have been told that the trouble is, we have "caught a cold," or we have "caught a hot." Perhaps we've got our feet wet, or have breathed cold air through our mouth, instead of through our nose. Whether or not, there is trouble in the pneumatic apparatus, who doubts it who has ever had a severe attack of bronchitis? The cough, which is only an effort of nature to clean out the air passages, is bad enough; but back of this is the cause of the exudate. The sudden stopping of the perspiration has thrown back, upon the various organs of the body, the effete matter that should have passed off by the skin imperceptibly. Irritation has been set up,



BEN H. BRODNAX.

running rapidly into inflammation, and the exuded mucus blocks the passage of the air to and from the lungs.

Now, let us suppose that this blocking commences in the fine extremities of the bronchi, and that they begin to fill up; gradually encroaching toward the larger vessels. There is not much cough, because the larger vessels are not troubled. But there is pain, oppressed breathing, slight cyanosis, and suffused skin and eyes. There is every symptom of uncomplicated pneumonia, but the cellular tissue is not much affected.

These little capillaries keep filling up; a fine sweat appears on the skin, the pain becomes more oppressive, and breathing more difficult. There is a hot skin, with a light dew of perspiration all the time. These are not the symptoms of pneumonia. There is also not so much of a regular rise in the evening temperature, to fall again in eight to twelve hours, so that the patient will have an almost normal heat and seem better in the morning. The above symptom is mostly absent in capillary bronchitis.

Well, how are we to treat it? Give quinine? Not if you want your patient to get well. I tried quinine and Dover's powder, in 1884, and lost my first four patients out of twenty-six whom I had that fall and winter.

What is the cause of the trouble?

Answer: Checking the perspiration?

Well, can anything be better than to restore this function? Try calomel, gr. 1, podophyllin, gr. 1-10, every half-hour, till eight to ten doses are given. Now put your patient in a chair, cover him with a blanket, "poncho style," and steam him half an hour, giving him some warm stimulating tea, with 1-10 grain of pilocarpine. A "Frank Betz Vapor Bath" comes in here like the sun in the morning. Also, Brother C., of *Eclectic Medical Gleaner*, will have no stones to throw at you, even if you are a regular.

Now dry your patient, wrap him in a dry blanket, in bed, and give him the following every hour or two; tartar emetic, gr. 1-20; potassium bichromate, gr. 1-67; pilocarpine, gr. 1-50. For the pain, Dover's powder modified, Waugh, may be substituted for the pilocarpine. Also, don't forget sanguinarine, gr. 1-67. It relieves the oppression in the lungs very much. I usually "pad" my patient with a kerosene cloth, cotton batting outside. Some condemn this, but the patient seems to think it rather agreeable.

A pleasant drink is made by rubbing a drachm of fresh turpentine with two or three drachms of sugar, adding three ounces of hot water, and straining. Also a household remedy, eupatorium perfoliatum, boneset, tea is pleasant, with a little sugar added. Spirits of niter, an old time remedy, and kerosene, in ten to fifteen drop doses, on sugar. As a stimulant, the arsenic, strychnine and iron, gr. 1-67; or glonoin may be substituted for the arsenic.

Steaming of the bronchial tract is done as follows: Take any metallic vessel that will hold a pint or more; put into it good vinegar, two or three ounces, and a drachm of turpentine; set it on the fire and bring to a boil; cover the patient's head with a handkerchief, place the vessel under the handkerchief and let him breathe the steam. The acetic acid may cause a little coughing at first, but a few inhalations will accustom him to it. Full, deep inspiration is desirable. This, when your favorite vaporizer happens to be (as it usually is) not to be had. This matter of sweating is, I think, too much over-looked; and coal-tar antipyretics resorted to instead.

In addition to the preceding, it will be noted that some nausea is produced; but often a medicine will fail unless the full effects are obtained, and vomiting may be needed to produce good effects in loosening the exudate.

In the matter of nourishment, it will be noted that there is nothing directly the

matter with the stomach. Anything the patient wishes may be given. The lack of desire for food is an effect of the fever, and some concentrated nutrient may be profitably used. Malted milk (Horlick's), maltine with wine or cod-liver oil, and Mosquera's beef-extract are all good; but as you may not be able to obtain these, give broiled chicken or game, seasoned highly, or a good stew made of the same. I would suggest to my brethren, that they need not be sure that the patient will get well every time under any kind of treatment. The affection is a treacherous one, and your patient sometimes passes away, out of pure spite to the doctor, and notwithstanding all medical means used. It has looked that way to me on some occasions.

Brodnax, La.

#### PNEUMONIA.\*

By F. M. Lennard, M. D.

**P**NEMONIA is an acute inflammation of the lungs; and is designated by German writers as "croupous," and by French writers as "fibrinous" pneumonia. These different names indicate a difference in the seat and character of the inflammation.



**F. M. LENNARD.** It would be needless for me to reiterate what your standard works tell you, of catarrhal, lobar and lobular pneumonia. Neither is it necessary for me to say that all forms of pneumonia are preceded by a longer or shorter period of congestion.

You are told by standard works that pneumonia, differing from all other inflammations, is self-limited, and terminates by crisis.

The object in writing this paper, to be read before so noble an assembly, is to put

before your minds for discussion the idea that pneumonia can be jugulated, if taken in its congestive stage; and, if not seen till inflammation has been fully developed, that it can be aborted, or cut short of its course as laid down by standard writers; who claim that pneumonia is a self-limited disease, and that there is no specific for it.

I shall not take up your valuable time in attempting an elaborate exegesis of the etiology and pathology of pneumonia, but after pointing out a few prominent symptoms, in order to enable us to obtain a correct diagnosis, will give you my treatment as adopted since I began the study of alkaloidal medication.

You know that often when we are called the diagnosis of pneumonia has already been made; and because it has been considered such a fatal disease nearly every case with a severe pain in the side is suspected of being pneumonia. The doctor is sent for in great haste to visit some one with pneumonia. When he arrives he finds the patient has been feeling badly for several days, with a severe cold, aching all over, and has decided prostration. He has taken two or three compound cathartic pills, or black draught sufficient to freely move the bowels. They tell you the bowels are all right. You find the tongue large, with a whitish fur, pain in some intercostal space, worse on motion, but somewhat relieved on pressure; perhaps pain may be in the region of the spleen or liver. Upon auscultation you find no distinct rales. Turn the patient over and auscultate the back; you find the breathing normal, but quick and jerky. Percuss, and you find every thing O. K., temperature 104 or 105, pulse 140, or more, according to age, and the face flushed.

Is this pneumonia? Some one might be tempted to put his ear to the painful spot, hear some abnormal sounds, and say: yes, it is pneumonia, or if not stopped it soon will be.

In the first eight years of my pro-

\*Read before the North Texas Medical Association.



fessional life I gave large doses of calomel, quinine, etc., to such patients and I am forced to believe that in many cases I did incalculable harm.

Since I began the study of dosimetry, which is giving the active principles of drugs, in small and accurately measured doses, in the form of granules (I use those prepared by The Abbott Alkaloidal Co., Chicago, Ill.), often repeated, as indicated by the height of the fever or severity of the symptoms, my successes have been grand; and I now look upon the practice of medicine as scientific.

Now let me give you a few cases; and if my diagnosis as pneumonia is incorrect, I will admit my ignorance of diagnosis.

R. P., aged 14 years, male, delicate. He took a severe cold. His mother thought she could manage the case, and gave him black draught and quinine. He continued to grow worse. She appealed to a druggist living near her, who gave him medicine, telling the mother to call a doctor if the patient didn't improve. He had a severe chill on Friday, and complained of pain in his side, spitting blood. She put an ash poultice to his side, and gave him antifebrin to cool the fever, and calomel and quinine.

His fever and other symptoms remained unabated till Tuesday, 3 p. m., when I was called, to find him moaning at every expiration, with pain a little below and external to the right nipple; breathing shallow; flush of the cheeks, distressed look on his face; temperature  $103.7^{\circ}$ ; pulse 140; respiration 38, tongue whitish coated, rather large and somewhat reddish around the edges; cephalalgia, anorexia and restlessness. I found on auscultation distinct crepitant rales, rusty expectoration, with occasionally a mouthful of blood.

Diagnosis: "Pneumonia." Treatment: Gave two granules of calomel, gr. 1-6, every two hours till the bowels moved; also five-grain doses of acetanilid two parts, soda bicarb. and caffeine phos. of

each one part, every two hours, alternated with dosimetric trinity (aconitine amorph., gr. 1-134; digitalin, gr. 1-67; strychnine arseniate, gr. 1-134), fifteen granules; hyoscyamine, gr. 1-250, twelve granules; saccharine, four and carmine, one granule; water, three ounces. Direction: Teaspoonful every two hours. I had the chest rubbed with liniment and covered with cotton batting securely fastened with a flannel jacket.

I returned the next morning at 10 a. m. and found the temperature  $101\frac{1}{2}^{\circ}$ , pulse 128, respiration 30, the pain still in the side, but not so severe, and the rales less distinct. I stopped the acetanilid comp., and continued the trinity mixture every two hours. I also ordered seidlitz salt, (granular effervescent magnesia sulphate), a small teaspoonful in half a glass of water, every morning. By noon the bowels had moved twice. I returned at 4 p. m. The pain in the side was a little more severe; temperature  $103\frac{1}{2}^{\circ}$ ; pulse 136; respiration 34; very restless.

Dosimetric trinity fifteen granules; hyoscyamine, gr. 1-250, fifteen granules; codeine sulphate, gr. 1-67, twelve granules; emetine, gr. 1-67, eighteen granules; saccharine, gr.  $\frac{1}{6}$ , four granules; carmine, one granule; dissolved in three ounces of water.

Directions: Teaspoonful every fifteen minutes till fever falls to  $102^{\circ}$ , then every half hour till 12 at night.

I also gave No. 2 capsules filled with quinine sulphate and calomel, gr.  $\frac{1}{2}$ , at bedtime. I returned at 8 a. m. Thursday, and found my patient resting quietly, with very little pain anywhere; temperature  $99^{\circ}$ , pulse 100, respiration 22. I gave a No. 2 capsule filled with quinine, no other medicine till noon; then began with the trinity mixture, a teaspoonful every two hours. The bowels had moved three times. At 5 p. m. the temperature was  $100^{\circ}$ , pulse 100, respiration 24. I ordered the trinity mixture to be continued till 12

at night, and gave another dose of calomel and quinine as before.

I called next morning at 7 a. m., Friday. Temperature normal, pulse 74, respiration 20; no pain; had slept well and wanted to eat. I put him on anti-malarial granules (Dumas), each composed of strychnine arseniate, gr. 1-250; quinine arseniate, gr. 1-134; iron arseniate, gr. 1-12; and quinine hydrofer., gr.  $\frac{1}{6}$ . Directions: One granule every two hours till 9 p. m.; begin at 6 a. m. and continue every four hours till 10 p. m.

Also, the quinine and calomel capsule at bedtime, and seidlitz salt in the morning, and the anti-malarial granules three times a day for a week, after three days. As you will see, my patient was then convalescent.

Case 2. George P., aged three years, male, had a chill at 9 a. m., Friday. I arrived at noon, finding the temperature 105°, pulse 150, respiration 44. He could hardly get his breath; expiratory moans; bowels costive, and conjunctivae red. I found crepitant rales distinct in the right lung, both before and behind; the tongue large and covered with whitish fur. He would lie in bed only on his belly and face.

Diagnosis: Pneumonia in the congestive stage.

Treatment: Two granules of calomel, gr.  $\frac{1}{6}$ , every hour till eight were taken. I also gave him aconitine, gr. 1-134, four granules; brucine, gr. 1-134, five granules; hyoscyamine, gr. 1-250, four granules; codeine, gr. 1-67, three granules; emetine, gr. 1-67, five granules; saccharine, gr.  $\frac{1}{6}$ , four granules; carmine, one granule; in three ounces of water. Directions: Take a teaspoonful every fifteen minutes till fever falls to 103°, then every hour till reduced to 101°, then every hour till normal.

At 9 a. m., Saturday, I called to see him. The bowels had moved three or four times; temperature 100, pulse 110, respiration 24. I continued the fever

mixture every two hours. I called again at 6 p. m.; temperature 99, pulse 90, respiration 20. I stopped the fever mixture and put him on febriline, three hours apart. I called the next morning and found the little fellow running around.

I could mention old men and women who have been snatched from the jaws of that terrible (once thought) disease by the same plan of alkaloidal medication, but my paper is already too long.

The object, as aforesaid, of writing this paper for so noble an assembly, composed of the most brilliant lights of modern medicine, is that this subject of the active principles of medicine, in the convenient form of alkaloidal granules, may be discussed; and if thought worthy your consideration, I will feel amply repaid for my trouble.

Atlanta, Tex.

#### PNEUMONIA: ONE DEATH.

By J. D. Justice, M. D.

OF the eighteen cases treated by me during the past year, the last one, now convalescent, will serve to illustrate dosimetric treatment quite well enough for the remainder; especially so because this lady has a leaky heart due to rheumatism, the attack occurring over one decade ago.



J. D. JUSTICE.

The ages of the cases range from two years to eighty, and their environments from the one-room tenement hovel to the regulation apartment home of luxury.

Pneumonia as a complication occurred in ten cases of measles, and two following whooping cough during the sixth week of the disease, brought on from exposure for forty hours in a room without fuel, during a storm. Two cases occurred in grown persons having serious heart lesions, as a result of rheumatism. In one case, that of

a lady past fifty years, both lungs were successively invaded.

In every case in which I could get anything like an accurate history, there was a distinct chill previous to the lung invasion; and, if catarrhal, each new field of lung had a well-marked rigor or decided chill, followed by high temperature, to act as a sort of shadowgraph.

The youngest of the list succumbed on the ninth day of the disease, from heart failure; both lungs involved as a measles complication.

In the majority of these cases I used the microscope, which showed the Friedlaender-Fraenkl pneumococcus present; and the remainder having the same physical and objective symptoms, I assume their identity.

Every case was treated by applying a complete jacket of either absorbent cotton or cotton batting, sewed to a properly fitted muslin pattern.

The same general remedies were used in all, viz.: Abbott's aconitine amorphous, gr. 1-134; digitalin, gr. 1-67; strychnine arseniate, gr. 1-134; emetine, gr. 1-67; cardiac tonic, gr. 1-134; glonoin, gr. 1-250; apomorphine, gr. 1-67; potassa bichromate, gr. 1-67; calomel and iridin, gr.  $\frac{1}{6}$ , and seidlitz salt; administered in accordance with well-known therapeutic rules. In cases demanding a sedative, I gave hyoscyamine, gr. 1-250, and occasionally added gelseminine, gr. 1-250. No other remedies were used; no others required; notwithstanding that two cases nearly collapsed, one by reason of heart lesion.

The other got the children to bring him snow-water, and he ate icy snow, on the sixth day, bringing his temperature to 95° Fah. where, in spite of two granules of strychnine every hour, in solution, given for five days, I could only get it to 99 in the evening, to find it next morning down to 95. On the sixth morning it was 99, and from this day he gained, and got well after one month in bed.

For all the list, except the extremely nervous and those of tardy resolution or diseased heart, I only needed the aconitine, emetine, potassium bichromate, strychnine arseniate and seidlitz salt; those complicated with serious heart lesions I put on the trinity from the first, and when the temperature fell to 99, I dropped the digitalin and gave cardiac tonic with strychnine arseniate.

The sthenic and plethoric cases had a temperature of 104 to 104½ in the adult, and 103 to 106 in children, following the initiatory chill; but all convalesced very much quicker, and got up stronger, than those I formerly treated with ammonium carbonate, decoctions and the bromides or iodides.

The last case treated will suffice to generalize the list, as it was a lady whose heart leaked badly on account of rheumatism; the attack having occurred about twelve years ago. She was otherwise healthy and of healthy parentage.

March 25, '96, she gave birth to a 10 lb. boy, and promptly regained her usual health, though nursing the infant but a few weeks before her milk became scanty, and without orders she turned him over to the bottle. All went well until the afternoon of Thursday, January 7, '97, when she had a chill, followed by three others; with pain in her chest, loss of appetite, and thirst.

Supposing that she was coming down with grip, her husband purchased a "one day cold cure." The result of this "cure" was to greatly weaken her, by a hypercatharsis. The following afternoon (8th), another chill, high fever, increased pain in the lungs, accompanied by cough.

I saw her on this day about 10 p. m. All the symptoms of pneumonitis were present. The distressing symptoms were the constant, hacking cough, dry and very painful; difficult breathing, with a weakness of the leaking heart that promised a rapidly mortal ending. Temperature 104, respiration 50, and a dry tongue, heavily

coated, with red edges. No delirium present.

Trinity, 15 granules; aconitine amorph., gr. 1-134, 15 granules; emetine, gr. 1-67, 10 granules; water, three ounces.

A teaspoonful every quarter to half-hour, till the tongue became moist, then hourly as needed. I had her chest surrounded with hot, dry cotton, and ordered a nurse.

9 a. m. Temperature 101, respiration 40, cough persistent, but not painful; tongue moist and a general feeling of comfort; 3 p. m. temperature 102½; respiration 48; 6 p. m. temperature 104½, falling to 103½ by 10 a. m. and to 102 at 2. p. m.

10th. 6 a. m. Temperature 101 and generally comfortable, with some expectoration mixed with blood. She named her cotton jacket her "Li Hung Chang" coat, and said it made her feel good from the first application. At this visit I prepared a solution of potassium bichromate granules, gr. 1-67, aconitine amorph., gr. 1-134, and emetine, gr. 1-67, of each twelve dissolved, in three ounces of water, and ordered a teaspoonful every half hour to two hours for the cough and for the heart: and as a general tonic, I gave cardiac tonic and arseniate of strychnine, gr. 1-134, one each every hour while awake. Evening temperature, 103.6, and it was 100 the next morning, and 99 on the fifth day, with profuse sweating that required a few doses of agaricin, gr. 1-12, to control during the next two days. The convalescence set in on the eighth day and progressed steadily. January 20 she was able to sit up awhile.

None of the eighteen cases resulted in abscess. When convalescence set in there was no interruption, and it seems to me that all were stronger at that stage than when I used decoctions and poultices, ammonia, iodides and quinine.

For croup (spasmodic) I have found nothing to equal the bichromate of potassium granules, gr. 1-67, given according to Shaller.

Quincy, Ill.

#### PECULIAR CONDITION OF THE HEART IN CROUPOUS PNEUMONIA OF THE AGED.

By W. W. Holladay, B. A., M. D.

THERE is in some cases a condition of the heart that I do not recall having seen mentioned anywhere. Croupous pneumonia of the aged is so hard a disease to treat, with comfort to the practitioner, that any aid to prognosis is important. Yet, in the few cases that I have seen of the trouble of which this paper treats, all have been fatal; even in those where all other symptoms seemed most favorable.

I have seen but four cases in all; the first some ten years ago. The condition is briefly as follows: A disappearance for a variable length of time of the radial pulse, the heart-sounds becoming alike, and there is generally present a blowing mitral regurgitant murmur. I have been unable to detect any dilation at this time. Presently the heart-sound resumes its characteristic rhythm, the radial pulse returns, and the pulse may be there, regular and full, and would be called good, the heart-sounds normal and no appearance of any cardiac trouble for some hours; and then there will be a return of the heart-symptoms, lasting from ten to thirty seconds. The patient complains of the same tightness about the chest but does not become dusky.

As the disease progresses, the intervals between the heart-attacks become more and more infrequent, the attacks longer, and finally the patient dies in one of them, death occurring in one instance on the fourteenth day, when the patient had appeared to be better.

This condition must not be confounded with the intermittent pulse so frequently found in the old, nor with the weakened pulse, so often found towards the close of life, where asthenia is the direct cause of death. The heart, from a seemingly normal condition, gives way; the pulse completely disappears in some cases, the heart-sounds

are feeble, all the valves seem to be open and regurgitant. At the end of the attack the heart seems to be all right again.

This condition I have found in those cases where the lung involvement is small, the cough and pain absent; perhaps only once or twice is the characteristic sputa found; the patient has complete anorexia, sometimes persistent vomiting; and has always complained of being very warm, even when the temperature was not more than 99° Fah., with persistent thirst.

The treatment I have used has been nitroglycerin (glonoin) and strychnine, with temporarily seeming benefit; but in all cases the result has been death, in two where otherwise I should have thought the prognosis would have been favorable.

The pathology seems to me to be a myocarditis, for the murmurs are not present through the intervals of the attack; but I have never had a chance to make an autopsy in these cases, and should like very much to see the result. Thinking that the heart-muscle is involved, in the future I shall try a cantharidal plaster over the precordium in these cases, having used that with benefit in most cases of rheumatism. The nitroglycerin will be of advantage, too, by equalizing the circulation. Recumbency must be insisted upon, and perfect quietness, which is hard to procure, as the patients do not always feel weak, and insist, if the breathing becomes hard, on sitting up.

As I have said before, all of the cases I have seen have been fatal, so that where this condition is present the prognosis seems to be very bad. The condition may be easily overlooked, as it occurs at first at quite long intervals, and is present but for a short time. From the third to the fifth day is the time I have first seen it, the fatal event occurring from the seventh to the fourteenth day; in one case coming upon the second invasion. So far as I have noticed, it is more frequent in pneumonia of the middle and lower lobes of the right lung.

I would like to hear from any one who may have noticed a similar condition.

Oak Grove, Minn.

—:O:—

Dr. Holliday has made an important and valuable observation; one which will be remembered by all of us when we next treat a case of pneumonia in the aged. From a careful reading of this paper, I gather the inference that the heart-failure is due to auto-toxemia, from toxins generated in the stomach and bowels; and I am reminded that my attention was first drawn to the use of antiseptics in non-specific fevers, by the report of a country doctor, who wrote me he was curing all his cases of pneumonia with the sulphocarbolates, while all the others were losing theirs. I look with much interest for the comments of our "gray-beards" on this paper.—ED.

#### CAN PNEUMONIA BE JUGULATED?

By D. C. Roney, M. D.

IF we refer to almost any standard textbook on practice, we will read something like the following: "Pneumonia is a self-limited disease, and runs its course through three stages, viz: Congestion, exudation, resolution or consolidation." Then the latest works tell us all about the diplococcus, and how to propagate it on blood serum, etc.



D. C. RONEY.

Brothers of the alkaloidal plan, does this teaching about self-limitation amuse or disgust you? It is liable to do either, or both. True, pneumonia may have three stages, but when a physician who uses alkaloids understandingly is called during the first forty-eight hours, it rarely makes a success of the first stage. He jugulates it. If this catches the eye of a "doubting Thomas," let him please review these two cases, treated a few weeks ago. Those



who practise the teachings of Abbott, Shaller, Coleman and most CLINIC writers, need not take the time. It is an old story to them.

Mrs. M., aged 42 years; spare built; nervous temperament. (Her father has fibroid phthisis, and I am treating a sister for arterio-sclerosis). She has chronic bronchitis, with diminished lung power. The menses have been scanty and irregular since the birth of her last child six years ago. She was caught in a storm on Sunday, and got her feet wet; woke up Sunday night, at midnight, with pain all over her body; she vomited, the bowels moved twice during the night, and she had a chill about 3 a. m.

I was called at 10 a. m., Monday. She then complained of excruciating pain in both sides; pulse full; respiration short and hurried; cheeks flushed; eyes bright; dilation of the *alæ nasi*; dullness over the upper lobes of both lungs. Diagnosis: "Double pneumonia."

I prescribed macrotin, gr.  $\frac{1}{6}$ ; bryonin, gr. 1-67; gelseminine, gr. 1-250; dosimetric trinity; of each six granules dissolved in one ounce of boiled water; a teaspoonful every hour until three have been taken; then one every two hours. With the first and third dose I gave one granule of aconitine, gr. 1-134. I also gave a tablet of calomel, gr.  $\frac{1}{4}$ ; soda, gr.  $2\frac{1}{2}$ ; sugar of milk, gr. 7, one every hour until six have been taken. Stop the mixture at 6 p. m., and give the following at 8 p. m. and midnight: Codeine, gr.  $\frac{1}{6}$ ; and dosimetric trinity, of each two granules.

What? Not going back to see that case until the next day! Yes; and she lives within a stone's throw of the office. I am working with "arms of precision," and I know exactly what to expect. I told her husband the pain would be almost gone by night, and she would get a good sleep; and that is just what she did.

Tuesday, 8 a. m. Temperature  $99\frac{1}{2}$ ; pulse and respiration normal, some cough;

complained of feeling weak and tight across the chest. I gave sanguinarine nitrate, gr. 1-67, every three hours until the chest was better; then three times daily; strychnine arseniate, gr. 1-67, every four hours. Continued the first prescription every three hours. Wednesday, 8 a. m., found her sitting up, but weak, and dismissed the case.

This patient, under the old regime, of quinine, Dover's, salicylates and cough mixtures, would have been in bed ten days or two weeks, or very likely in her grave.

This article is entirely too long now, so we will omit the other case. Let us say in closing: Brothers, if you are not familiar with the alkaloidal granules, make their acquaintance quickly.

Pierceville, Ind.

#### PNEUMONIA AS INFLUENCED BY MALARIA.

By Jesse R. Jones, M. D.

SITTING in conversation with one of our best physicians, six or eight years ago, a negro boy of about seven years of age passed us, when my companion called my attention to him, remarking that he had only a few days before had an attack of pneumonia; and being called to see him, he decided to try "the abortive treatment" on him. I wondered to myself what the abortive treatment could be.

I had either, with only two or three exceptions, for the previous thirty odd years, aborted all the cases of pneumonia that had fallen into my hands, or else I had had no pneumonia to treat.

He soon relieved my anxiety by remarking that he at once put him on five-grain doses of quinine, repeating them every four hours; and that he was clear of fever by the next day, and with it of all symptoms of pneumonia.

Country physicians are aware of the fact that in malarious localities, some time between midnight and 10 or 12 o'clock of

the next day there is always to be expected an amelioration of the morbid symptoms present in all sickness attended by fever; and that a few doses of quinine—say from eight to twenty grains in all—the patient being in a proper condition for its kindly action—given so as to anticipate the return of the previous day's troubles, will either cut short the disease or render its further treatment comparatively easy. Hence a physician living in such a locality may tell you that he seldom loses a case, and that his chief reliance is "quinine and brandy."

Others sometimes tell you that while they give more or less quinine and brandy, their main reliance is "calomel and the saddle blanket blister"—they want an antiphlogistic treatment until the fever is reduced, and then depend upon small doses of quinine, with brandy as a sustaining treatment, until nature can clear the lung and repair the weakened or disorganized tissues.

A fever attended by an inflamed lung is liable not only to all the influences, but may often be produced by any of the causes that give rise to other fevers, and it is essential in their successful treatment that the practitioner bear in mind this fact. Indeed, I early learned to disregard the names, especially of acute diseases, as exerting any important bearing on their treatment.

Pneumonia occurring in the fall in our creek or river bottoms—which is a very prevalent disease at that season of the year—is a very serious disease, while the same difficulty in the spring—unless influenced by la grippe or other depressing complications—resulting simply from changes in the weather, and it being at the time when the system contains less malaria, is comparatively mild.

Persons residing in paludal regions always have their systems more or less charged with malaria. They get it from the atmosphere they breathe, the food they

eat and the water in which they bathe, as well as that they drink. With every organ in the proper performance of its functions—the skin, kidneys, liver, and other glandular secretory or excretory organs, including the lungs—it is eliminated without harm; but these thrown off of their physiological balance, the malaria being retained, it soon assumes a poisonous character and begins to exert its evil influences, first upon the alimentary tract, the absorption and sympathies from which poison the blood, derange everything and may cause almost any morbid derangement imaginable.

Not mentioning the various manifestations, such as "bone-aches," derangement of the stomach, convulsions, etc., that may interfere with a routine treatment, there may be dysenteric discharges of either a sthenic or asthenic character. There may be a rusty colored expectoration of bright red blood, or the sputa may more nearly resemble the discharges from asthenic or typhoid dysentery.

There may be, as a complication of the pulmonary inflammation, any of the various troubles that attend a paroxysm arising from malaria, from the most severe form of venous congestion, characterized by clammy perspiration, rice water evacuations, etc., or arterial congestion of the whole or any part of the body, to the mildest forms of intermittent or remittent paroxysms, of the quotidian, quartan or tertian types of the disease.

While the inflammatory complication may give an evenness of the temperature, that would seem to contradict to some extent the above remarks, they are nevertheless true, and it is possible for the careful observer to secure opportunities for an abortive treatment, that would escape the uninitiated, for the simple reason that there is a time once or oftener during every day, every other day, etc., when the periodical influence, which is the result of malaria, will render the patient more or less susceptible to the proper remedies; or we may be

even encouraged, when remedies seem so useless in the height of a severe paroxysm, with the thought that it is characteristic of the disease to present us with a more favorable condition within a short time. We may even account for a seventh or fourteenth day backset sometimes, when there seems to be no cause for such a misfortune, by the periodical character of the disease.

Quinine is not a specific for the malarial complication, in every form of its manifestation or stage of the trouble. Indeed it will, sometimes, when improperly given, run the unfavorable time of the paroxysm into the more favorable—the stage of remission—and thus counteract the good effects intended by its use. For this reason I do not combine quinine in a general prescription to be given continuously, even though I know there is a malarial complication; and from the fact that we have such a variety of conditions, which we may call indications for the use of remedies, and they are so different, we must individualize our cases.

The treatment adopted in diseases, no doubt, as well as the circumstances, surroundings and constitution of the patient, has much to do in moulding the character of the disease, and it impossible to outline a treatment for pneumonia, with no other thought before us than that we have a case of inflammation of the parenchyma of the lungs.

The older writers used to speak of "bilious pneumonia." I always took this to be an active form of the disease, in which the malarial complication had produced an engorged liver with obstructed portal circulation. They spoke of "typhoid" and "epidemic" pneumonia, meaning the asthenic form of the disease, or the disease as accompanying typhoid fever.

While in the former, a person accustomed to alkaloidal medication might be glad to push, for a few hours, the defervescent compound, in the latter he would much prefer

the dosimetric trinity; while in the former he might prefer a  $\frac{1}{6}$  gr. granule of calomel every hour, for from four to eight hours, followed by seidlitz salt, or even podophyllin to free purgation, in the latter he would, at least, withhold the podophyllin.

In my practice I have attached a great deal of importance to getting, as soon as possible, the system saturated with an alkali, using almost wholly, because it was most convenient, bicarbonate of soda; giving with this a very small proportion of anodyne; if of morphine, for instance, not exceeding the one-twentieth of a grain at a dose. This I have done as a means of neutralizing the poisons, not only that generated by marsh miasma, but those of the deranged secretions, accumulations of crude ingesta, etc., and to assist in allaying gastro-intestinal irritation, and thereby get rid of the chief cause of all the severe manifestations that accompany the disease.

I have, in connection with this, endeavored to keep my patients as comfortable as possible, and to secure as complete a remission or intermission as could be obtained, always watching for the opportunity for an abortive treatment.

I have not used the coal tar derivatives because of their depressing effects on the heart. I have preferred to direct my treatment toward promoting capillary action and thus relieve the heart, whether excited or depressed.

Small doses of aconite, veratrum vir., glonoin, strychnine, atropine, hyoscyamine, codeine, bryonia, lobelia, sanguinaria, etc., frequently repeated to attain their effects as indicated, have been amongst my most useful internal remedies. My principal purgative in former years was rhubarb, in connection with the alkali and anodyne, because I wanted, as a first consideration, its healing effects on the diseased mucous surface, adding podophyllin when the purgative effect was to be more decided.

When I thought to give quinine it was

always abandoned if it produced a dry skin or rigid pulse. If its action was favorable, it was continued from seven to fourteen hours, when it was stopped until the next day, and if symptoms were favorable, given the second day in the same way. Or if unfavorable it was withheld, until I decided it was required to arrest periodicity, and that I had a moist skin, moist tongue and soft pulse. I have rarely given quinine over two days in the same case, no matter what the name of the disease.

In the sthenic form of pneumonia I usually applied hot flannel cloths, wrung from water so warm as to cause some complaint from the patient, changing them every half-hour or so, until I had taken the pain away, which usually required from eight to twelve hours. This was followed by applications of a good stimulating liniment covered with a tallowed cloth. If the pain returned so that the patient could locate it with the point of the finger, a small blister was applied, but never otherwise. In asthenic forms of the disease, the liniment and cloth were relied upon from the commencement.

In an epidemic of asthenic pneumonia always accompanied with coldness of surface, clammy perspiration, and dysenteric discharges from the bowels, and no appetite even after the subsidence of the fever—when this stage of the disease was reached especially—I gave every two or three hours one drop specific tr. aconite and one or two of specific tr. belladonna; and also at the same intervals ten grains of the decimal attenuation of charcoal, in a half-ounce of hot sweet milk, the latter being increased as the patient was willing to take it. The result was speedy convalescence in every instance. The cases had all had other treatment before I saw them or had been neglected.

The vastness of my subject renders it impossible for me to enter into details. Readers of the ALKALOIDAL CLINIC will have no difficulty in adapting treatment to

the indications for the use of remedies as they occur, and if called at the onset of the disease they may expect its jugulation.

Jackson, Miss.

—:O:—

I think our readers will peruse this paper more than once; and it may well be that it will arouse comment, both favorable and otherwise, from our brethren of the malarial sections. Dr. Jones takes the ground that pneumonia is so radically influenced by co-existent malaria, that the whole treatment takes its point of attack from the latter. Is this observation one generally recognized as true, or is it only so in exceptional cases or localities? An analogous confirmatory fact is the way in which syphilis modifies the constitution, so that if one once recognizes the presence of this old serpent, he will obtain prompt curative effects from mercury, no matter what affection may present itself.

I do not recollect noticing that any American writer has mentioned the danger of malaria from bathing. African travelers speak of the certainty with which ague follows immersion in a river. Moral: Boil the water before you bathe.

What effect would large doses of ipecacuanha have in dysenteric cases? I have obtained good effects from drachm doses of the fluid extract, in severe forms of dysentery; and in India an ipecacuanha deprived of emetine has been thus employed, with asserted advantage. In view of the remarkable control exerted by this drug over the respiratory complications of measles, as well as over the severe forms of dysentery, it would be strongly probable that ipecacuanha would control these malarial-dysenteric pneumonias.

And in the cases where this drug, or the sulphocarbolates, has put a stop to the intestinal symptoms, the arseniate of quinine, in the little, frequent doses, will be found of good service to prevent relapses.

This paper should be read in connection with Coleman's recent letters.—Ed.



## MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

### NOTES AND QUESTIONS ON AND IN THE JANUARY CLINIC.

*Editor Alkaleidal Clinic:*—Your ideas on "Pathies and Isms," page two, remind me of several things: A homœopathist in



Naples, Italy, applied for admission to membership in a medical society there, and urged his claim on the ground that, though a homœopath, he was thoroughly conversant in all the branches of the medical sciences. The application was refused, on the ground that the members of that society belonged to no medical school, and could not, therefore, admit a person who belonged exclusively to a particular one. Our liberal CLINIC might have this for its motto: "*Medicus sum, nihil medendi alienum a me puto.*"

In this connection, too, a word in *re* consultations: Would you consult with an irregular physician?" I was asked once. "Yes," I replied, "with the d—l, too, if he asked for my advice." "And would you prescribe any remedy that is not official?" "Yes, holy water, if I knew, or thought, that it would do any good."

"A busy world—think quick, act promptly." Yes, friends, but *festina lente!*—"drive slowly, furthest you'll be."

I shall look longingly for the February "lungs number," and hope it will not be so long in coming as the January one was.

Epstein's confidence in humanity rests on the ever-ruling and over-ruling providence of humanity's God. His kingdom *will* come, in answer to the prayers of the millions offered these thousands of years.

Dr. Waugh's book, forthcoming, will make me pray and work for better collec-

tions, even more than I do now. For the present it is as hard to do it as drawing out a dead cat from a pitch barrel.

"Prescription Ownership."—The Russian and German law and practice is to write a copy of the prescription on the wrapper, or label, of the medicine prescribed. How would this do in free America? But there no refilling of the prescription is allowed without a *repetatur* on the wrapper, or label, signed by the original prescriber. Can we hope for such regulations here?

The CLINIC's position on gold and silver is, I fondly trust, such as to make large depositions of both. And if its subscribers' position were like it, they would, no doubt, make such a disposition of them as the editors desire them to do.

"Help Wanted," which I received in last year's CLINIC, page 390 (wrongly numbered 290 both on the page and in the index), I am duly thankful for. The case, obesity, is progressing well. Have not used phytole. I ordered the patient to use pure rye bread, on account of the smaller amount of starch in it than in wheat, and she being German, does not object to it.

It is impossible, for me at least, to agree with some of Dr. H. J. Brewer's ideas, expressed in "Sexual Physiology," page five. "Ignore the fact that man has a soul, then Dr. Pratt's theories look reasonable." Against this stood, a few years ago, the Oneida community, who professed Christian perfectionism, and yet practised polygamy and polyandry, on the ground, as they affirmed, "that there is no intrinsic difference between property in persons and property in things, and that the same spirit which abolished exclusiveness in regard to money, would abolish, if circumstance allowed full scope to it, exclusiveness in regard to women and children." (See Charles Nordhoff's *Communitistic Societies of the United States*. Harper & Bros., 1875.) Neither can I agree with the doctor that "the sexual relation is but incidental." The mystery of human life, both in the



here and in the hereafter, is indissolubly bound up for weal or woe with the sexual relation.

And this is W. L. Coleman's kindly, thoughtful, earnest face (page six)! There is a vast fund of experience in that head, and a cogent, ready reasoning from the data of that fund on any topic presented. His paper on "Malarial Fever: Congestive Fever," is admirable. How apt is his collocation of congestive chills and Asiatic cholera! I saw much of the latter in my native country, Russia, and not a little of the former on the shores of the Mediterranean and Adriatic, and his few curt, incisive words recall cases of which I have not thought for many years.

Dr. W. C. Derby in "Hygiene in Therapeutics," page seven, discusses rather about hygiene in stirpiculture, in which he takes a rather unsatisfactory materialistic view. It is probable, he thinks, that the residence of mind forces is in the cerebral cortex, and if so, then the quality of the mind depends on the structure of the gray matter, and since like begets like it must follow that a bad structure of the gray matter in the parents must transmit a bad quality of mind to their progeny. But suppose we substitute the word "spirit" for *roman*, as the German does, who in such reasoning speaks of the "geist," the Anglo-Saxon "ghost," and "geistige kraefte" for "mind forces," will it then, too, be plausible to think, that the very quality of this spirit and its forces depend upon the material quality of the structure in which it resides? Does not the doctor's reasoning identify the residence with the inhabitant? Would it be right to say that the house builds its inhabitant, and not rather the inhabitant builds the house? And yet the transmission of good and bad qualities of mind, or spirit, from parents to offspring, is a truth which deeply concerns hygiene, therapeutics, morality and social economics; but materialism fails in its attempts to help us in this subtle question by its flattening ex-

planations. "Other coins, too, have their value indeed," said W. Preyer of Jena, in his *Erforschung des Lebens*, "though we natural scientists do not coin them, and other things which we do not weigh, have weight."

"Ophthalmia Neonatorum," page eight, by Dr. J. P. Thorne, is a clear, scientific and practical statement of the disease and its treatment. When I practised in cities I used arg. nit., but in country practice I find it more convenient to use potass. permang., which answers equally as well.

Dr. A. T. Cuzner's first paper on "Infant Feeding," page ten, is excellent, and promises needed information to the physician for which he is often asked by anxious mothers. The article will be good reading not only for the newly graduated, but for the oldest practitioner as well.

"Hypnotism," page thirteen, by Editor Sidney Flower, is a timely paper, serving to disabuse the minds of both believers and unbelievers in this rechristened but long known curative power of mesmerism, or magnetism, as to its overpowering force, irrespective of the patient's resistance. Why does the editor use the preposition "to" instead of "in," page fourteen, right column, line fourteen from bottom? Again, on the same page, right column, lines twenty-four and twenty-five from bottom, he uses the noun "will," and lines sixteen and nineteen, he uses the noun "desire." Does he recognize a distinction between these two effects? This, has, I think, a very important bearing upon the editor's very just remark, that "man is a dependent creature." The old Jewish rabbis well said: "They help him who comes to be cleansed," *i. e.* him only who comes, and feels that he can not cleanse his own self himself.

Dr. E. R. Taylor's article on "Abscess of the Antrum," page fifteen, comes evidently from a large personal experience, and must be useful to us, whose experience in this is limited.

Dr. Z. Case's "Medicinal Treatment of Appendicitis," page sixteen, will be gratefully read and appreciated by the country M. D., whose facilities for capital operating are necessarily limited. And anywhere, too, the average patient has not yet overcome the dread of the knife, despite all the progress of surgery.

Dr. Wm. H. Walling, in "Electricity in Gynecology," page eighteen, deserves special thanks for the clear explanation of electrical terms, apart from the general excellence of his article.

"Convalescence," page twenty, by Dr. Waugh, is most instructive and helpful. This subject is too meagerly treated in our text books, and the doctor's article supplies the want of that information for which many of us have looked but did not find in time of need.

"Laloneurosis," page twenty-one, by Dr. Wm. M. Cate, is the most intensely interesting paper on the subject that I have ever read, since Dr. Moritz Rosenthal's brochure came to my hands, in 1865, on the same subject. If Dr. C. has not seen that brochure. "Beitrag zur Kenntniss und Heilung des Stotternebels," I shall, out of gratefulness, be glad to loan it to him. And if he is not familiar with the German language, I may even translate it for him. Dr. C. is a keen and comprehensive observer, as you see it in his penetrating eyes under the heavy brows. And a word painter, too, he is, of rare quality. And he gives here some novel therapeutic items, also of great value; such are, solid nutriment for rectum, spinal ice-bag against coldness of the extremities. And here let me ask the doctor whether the word "contracting," page twenty-two, right column, line second from top, is equal to "which contracted," the relative referring to the antecedent "nerve force," not to "influence?" Then his admirable treatment of bed sores! This paper will be long remembered by me.

"Rhus Tox. in Sciatica," page twenty-seven, by Dr. L. E. Parr, is a valuable con-

fimation of what the readers of the CLINIC have read of it last year.

"Temporary Aphasia from Accident," page twenty-eight, by Dr. N. H. Adsit, is instructively interesting.

"Narceine and Sanguinarine," page twenty-nine, by Dr. Beckel, is a good piece of information, for which I feel grateful.

Time and space command a halt to this, my pleasant task of reviewing further, and I conclude, with regard to the editor's remarks to Dr. Walton, page forty-five, by giving my own way of preparing sponge tents for dilating the canal of the uterine neck. I take the best potter's sponge, clean it, wash it and dry it, cut it in proper slices, press it under some heavy weights, or in a copying press. When sufficiently compressed, I smear it thinly on both sides with warmed wax, and then roll the slices to the shape and size needed. Then tying a string to the thicker end of the tent, I introduce it into the cervical canal by the aid of a speculum, and place a cotton tampon against it to keep it in place. The wax melts off, and the dilation proceeds gradually. It costs little, and you are safe against any imperfection of material. All of which is respectfully submitted by your humble servant.

DR. EPSTEIN.

West Liberty, W. Va.

#### SHALLER'S GUIDE TO ALKALOIDAL MEDICATION.

*Editor Alkaloidal Clinic:*—I want to tell your readers that I consider Shaller's Guide the very best thing of its kind published, and would not think of doing without it. One can read it through without getting tired and sleepy. I have but one objection to it, it is like a short meal to a hungry man—not enough of it. I hope you will soon be compelled to publish a larger second edition.

DR. S. T. BORTS.

Etoile, Ky.

### "EPIDEMIC INFLUENZA."

*Editor Alkaloidal Clinic:*—In compliance with your request for another article on "Epidemic Influenza," I submit the following additional material:



A. T. CUZNER.

On the 30th of December, 1896, I received a letter from a professional brother, Dr. James M. Kercheval, Nashville, Tenn., asking for further information as to the treatment of this disease, and what remedies, other than those mentioned in my former paper, are available. The substance of my reply to the doctor's letter will be found embodied below.

There are many other remedies, besides those mentioned, that will be found useful in this complaint.

As stated before, there are two indications of treatment to be followed:

First—To destroy the parasites, by such agents as experience and reason teach are best suited for this purpose.

Second—To fortify the system against the inroads likely to be made by the disease, build up and repair such ravages as already have been made.

With regard to the remedies to be used, I will quote from Dr. Salisbury, from whom I obtained so much valuable information. He says: "Fortunately we have many agents belonging to this class; among which are carbolic acid, tincture of iron, quinine sulphate, sulphuric acid, nitric acid, hydrochloric acid, etc.; all of which remedies should be in solution with sufficient water, so that they can be inhaled without producing irritation. The inhalations should be made freely, and as often as every hour or two. In addition to inhaling, give two grains of quinine sulphate, every four hours, and twenty drops tincture of chloride of iron, in a glass of water, morning, noon and night. It is surprising

how much a single, thorough inhalation will relieve a suffering patient."

We have found boric acid, to which the oil of eucalyptus has been added, useful at times. But the remedy I have found in the past to be superior to all others, but for the difficulty of using it, is sulphurous acid; obtained by burning crude sulphur in a chafing dish, or other suitable vessel. The difficulty is to apply the remedy; yet it can be done, with a little patience and ingenuity. When inhaled, it almost instantly destroys the parasites, and relieves the most distressing of the symptoms.

Since writing my first paper, we have had epidemic influenza in our neighborhood, and it even invaded my own family, in the person of my two grandchildren. The two main remedies that brought them through the disease successfully were: Internally, nuclein; and as a germicide, the sulphide of calcium; the germicidal power exerted being doubtless due to the sulphuretted hydrogen evolved.

"Epidemic Influenza" and "La Grippe" (or, the seizure), are simply two varieties of one and the same disease; la grippe being the much more dangerous form of the two, and leaving after-effects that do not follow the former. I have always found the same forms to exist in the secretions of both complaints, but much more abundantly in la grippe than in influenza.

If the germ theory, that has taken possession of the medical profession of to-day, is to hold good in these complaints, then each and every disease (excepting rheumatism) has a particular germ or micro-organism peculiar to itself. Then follows it not (if my observations and those of abler microscopists are correct) that these complaints are one and the same disease?

The readers of the CLINIC have doubtless observed that I do not pin my faith to the "germ theory!"

The germ is ever present, but conditions

are not always favorable to its development; hence he does not always materialize.

I was vaccinated when a child of two years, and the family report says that I was very sick at the time, and had a very bad arm.

I have never been able to successfully vaccinate myself since, though I have often tried, using the best of virus.

The following spicy remarks by Brother Benjamin H. Brodnax, M. D., found in the "*Medical Brief*," will not be amiss in this place:

"As the editor says: 'There is only one path along which the (medical) science can progress,' and that is, the facts in treatment by which disease is to be cured. In God's name! What good does it do me to say a streptococcus causes this or that? Does it do me one continental cent's worth of good, as to what will check the effect of the bug? Again, has it been proven that the bug will produce the disease every time, and if it does not do it sometimes, what is it that prevents it from doing it? There must be a cause why these bugs come to some and not to all. In epidemics of measles [or any other disease, A. T. C.], it takes two in a family and skips three more, who have not had measles. Why? Simply the soil is not there. Now what is it that prepares the soil? Can it be said properly or truly, that the microbe or the ptomaine is the cause, when neither is propagated until the soil is ready for it?

"Doctor, we will have to go further back and find out what prepared the material in which the disease germ proliferates; and may we not reduce it to one or two points: Faulty nourishment of the tissues—a lack of the digestive forces to prepare the material to nourish these tissues?

"Thus may we not often go back and say that there must be good digestion to make good blood, to make good nerves; which, the nerve forces, by controlling all, cause

each to act with the other to throw off the disease germs and their effects?

"Are not thousands of these micro-organisms inhaled and swallowed every day?

"What becomes of them?

"Do not these same, finding a suitable soil, develop into a malignant form?"

*Modern Medicine* says:

"Starved pigeons can be readily infected with certain microbial maladies, against which they are found to be proof when well fed."

*Modern Medicine* ought to know. We have always said it took more than germs to cause disease.

In our experience with "Epidemic Influenza," north, we have remarked that it is most prevalent immediately after severe northeast storms. Doubtless, certain meteorological conditions, of which we know little beyond their effects, tend to produce a condition or conditions favorable to the development of the germs. Pains-taking and persistent observation by the many, with analytical comparison of results obtained, will shed much light on this as yet obscure subject.

A. T. CUZNER, M. D.

Gilmore, Fla.

#### DR. WAUGH'S GUIDE.

Dr. Waugh's long-expected book, "The Treatment of the Sick," is in the printer's hands. See ad. pages for special terms to advance subscribers.

#### TONSILLITIS.

*Editor Alkaloidal Clinic*:—I have been having an epidemic of tonsillitis this winter, and have utilized it in the trial of several drugs not much used before. Most of the cases seen were of a severe follicular type; only one resulting in general suppuration of the gland. There was high fever and general ache as a rule.

Aconitine was given when necessary to control fever. It is the febrifuge for

tonsillitis, and quickly modifies the severity of the symptoms, promotes the comfort of the patient, and in many cases markedly shortens the course of the disease.

**Calcium Sulphide.**—This valuable drug I have used sparingly, because patients complain of the nauseous taste and eructations; but during the last few weeks I have used the granules by hundreds, and the good effects have been so marked that the patients willingly take them. To adults and large children with tonsillitis, a granule every hour or half-hour was given. To infants the calcium sulphide was given in solution, sufficient granules being dissolved in water to give 1-12 grain in each hourly teaspoonful dose.

I was called one evening to see a young lady in the height of tonsillitic inflammation, with both tonsils swollen enormously so as nearly to touch in the median line, and all the signs of a severe attack. She not only wanted relief but wanted it quickly, as she was anxious to attend a reception on the following evening. She was told that if she would take some very nasty medicine, in very frequent doses, she might possibly get relief in twenty-four hours. She consented. Calcium sulphide, gr. 1-6, in solution, was given every fifteen minutes, and insufflations Protonuclein R. & C. (special) powder were applied to the tonsils every hour. Aconitine was also given for the fever.

The treatment worked like a charm, and in twenty-four hours the patient went to her reception without ill effect, and had no further trouble from the disease.

Of course, all cases do not do as well. Sometimes the remedies used seem to have no effect, and the tonsillitis runs its own sweet will; but in the majority of cases the treatment with calcium sulphide and aconitine has prevented severe suppuration and given prompt relief.

One other calcium salt I have used with benefit in glandular affections, both acute and chronic, and that is calcium iodide.

It can often be used in place of the potassium iodide, and is more pleasant to take. It is soluble in water, and in the tonsillar and throat affections of little children a solution of from five to ten grains to the ounce of water may be given in teaspoonful doses every hour with much benefit. It is used in many parts of New England, and I think more especially by homeopathic physicians, in "croup;" which name I suppose covers any affection that, in the child, may cause stridulous respiration or dry "brassy" cough.

EDWARD A. WELCH, M. D.

Sutton, Mass.

#### EAR-MARKED "PROGRESSIVE."

*Editor Alkaloidal Clinic:*—Enclosed find \$1.00 for my renewal. Am well pleased with your journal. The articles are good and wide awake. I love progressiveness and your journal bears the ear-marks. I hope to give the active principles a fair and full test in the near future.

DR. J. W. MATTHEWS.

Caldwell, Texas.

#### WINTER REMEDIES.

*Editor Alkaloidal Clinic:*—Winter remedies are in demand, and the physician who dispenses his own medicines should be prepared for any and every request for his services, whether it be to treat a "common cold" or a severe pneumonia. The alkaloids, glucosides, resinoids, etc., are rich in their offerings of remedies for winter diseases, especially those of the air passages.



A. M. WILSON.

The pocket case (nine or twelve vials) should contain the following named selection of granules: Coryza, cough, Defervescent comp. No. 1, aspidospermine, apomorphine, potassium bichromate, sanguinarine, Waugh's Anodyne for Infants,



strychnine arseniate, gr. 1-134, glonoin, gr. 1-250, codeine, 1-6, and bryonin.

This selection has been my constant companion during every winter for several years; and when wisely used the remedies have never failed me in any instance.

The coryza granule will abort almost any acute "cold in the head," if given as soon as the characteristic symptoms manifest themselves. It is also an excellent preparation in whooping-cough, if used before the third week of the disease and pushed to the physiological limit of the atropine.

The cough granule has no superior as a remedy for coughs having their origin in the lungs or bronchi, especially when the secretions are fluid but scanty. It is also of great value in the dry, irritative, laryngeal cough, but is then best combined with a granule of codeine, gr. 1-6, or of hyoscyamine, gr. 1-250. Very few coughs will fail to yield to one or the other of these combinations. While I am a firm believer in the single-remedy treatment, I find many conditions that require a combination of two or more agents, or a rapid alternation of single remedies.

Among these conditions pneumonia stands prominent; and there is no agent, alone or combined with others, that is so reliable in the first stage of pneumonia as the Defervescent comp. No. 1, A. A. Co. If called to a case where the temperature is 103° or above, respiration 30 or more, pulse 112 to 140 per minute, and the lung or lungs showing the physical signs of croupous pneumonia, push the Defervescent No. 1, every fifteen minutes, until the temperature falls to 100°; then give it every thirty minutes for two or three hours, giving one granule at each dose from the beginning. After the first twelve hours, add two granules of strychnine arseniate, gr. 1-134, and four granules of aspidospermine, gr. 1-67, giving them together every three hours. Thus far I have had no failures in treating pneumonia as outlined above.

Aspidospermine is a greatly neglected

remedy, and yet it is the best one we possess for the treatment of dyspnea arising from any cause in either the heart, lungs or stomach. It acts like a charm in the dyspnea of capillary bronchitis, be it in child or adult. In the difficult breathing of indigestion no remedy I have ever used gives such quick and lasting benefit as does aspidospermine; six granules, gr. 1-67, being given every fifteen minutes until relief is obtained. One dose usually suffices. I would as soon think of giving up the use of strychnine and glonoin as of doing without aspidospermine.

The other remedies mentioned are so well-known that I will not waste time and space in mentioning their many and valuable uses. Since beginning the use of the alkaloids I have had no cause to write prescriptions for the usual cloying and nauseating cough mixtures that are the resort of the ordinary practitioners, and the bane of both children and adults who have to take them.

A. M. WILSON, M. D.

Kansas City, Mo.

#### THE RIGHT SPIRIT.

*Editor Alkaloidal Clinic:*—I am thankful to you for sending the CLINIC after my time expired, as it was negligence that I did not renew promptly. I like the CLINIC very much.

DR. HENRY FOX.

Healdsburg, Cal.

#### GALLOPING CONSUMPTION, TREATED BY ASEPTOLIN. DIABETES MELLITUS.

*Editor Alkaloidal Clinic:*—I have been waiting to be entirely sure of the result before reporting a case of acute tuberculosis, called in this country "galloping consumption, treated with Dr. Edson's Aseptolin.

The patient, Mary W., a half-breed Indian, aged fifteen years, married, mother of one child three months old, at the begin-

ning of treatment had a severe attack of influenza, shortly after the birth of the child, which left her with a bad cough. Her husband came to my office several times for medicine, but I did not see her till the cough had continued at least three months.

I found her then much emaciated and so weak that she could not walk across the room. Temperature 101 to 103; respiration 40; night-sweats; feet and ankles swollen; bronchial respiration; marked dullness over the apexes of both lungs; slight hemorrhages; expectoration muco-purulent; no appetite, and digestion very poor. She had been taking reconstructives, such as maltine with iron, quinine and strychnine, Fowler's solution, nux vomica, etc.

I had just received a sample bottle of Aseptolin and thought this was a good opportunity of giving it a crucial test, as nearly all of these half-breeds die of consumption in from three to six months from the inception of the disease. I may mention right here that her sister-in-law had died in the same house, a small, tight "box-house," about fourteen feet square, four months previously, or about a month before the baby was born; which, of course, is where and when she contracted the disease.

I immediately began the treatment with Aseptolin, following Dr. Edson's directions as closely as possible, by spraying the throat with a solution of iodoform in ether, and injecting over the abdomen seventy minims of Aseptolin the first day, 100 the second day, and 120 every day afterward for a week. Improvement was marked from the beginning. After the first week, as it was ten miles from my residence, with Royal river to cross, I only administered the injections on alternate days, but instructed her husband in the use of the atomizer, so that it was used daily. She was dismissed at the end of the third week and is still, at the expiration of ten months, to all appearances, entirely well.

I have not had another opportunity of

using Aseptolin in consumption, but have used it frequently for the "grip," for which it is almost a specific; one or two "shots" of eighty minims generally being sufficient, with a few granules of aconitine and calomel, to abort it if seen early.

I have on hand a bad case of diabetes mellitus, for which I will be grateful for help if there is any. The patient is a female; married; forty-four years old; mother of three children, the youngest fourteen; she has, I think, aborted several times, had menorrhagia for several years, and passed the menopause, she supposed, this last summer. Till within about a year ago she was almost corpulent, weighing 180 pounds. Now she is emaciated and will not weigh over 100.

At the beginning of my treatment, about four weeks ago, she was passing as high as two gallons of urine in the twenty-four hours, with from ten to fifteen per cent of sugar. The skin was rough and scaly, almost like fish scales. The first thing done was to correct the diet, placing her on one strictly anti-sugar. Medical treatment has been Fowler's solution, with tr. nux vomica, fl. ext. ergot, tincture of opium and salicylate of sodium; not all at the same time, but about one week with each combination. I gave Waugh's anti-constipation granules for the obstinate constipation, and Anazyme tablets for the leucorrhea, which is the worst I ever saw.

She has apparently improved a good deal, as the quantity of both urine and sugar has diminished fully seventy-five per cent; the skin become smooth; thirst greatly diminished and appetite improved. Headache continues, for which I am giving acetanilid, five grains, with a granule of strychnine arseniate, gr. 1-134, every half hour when necessary, which does pretty well most of the time. The constipation is a little better. The anti-constipation granules do not seem to be quite active enough for her. The leucorrhea has also improved, but is still bad. She has irrigations of hot water

with sulphate of zinc frequently; and says they bring away pieces of what looks like flesh. I have made no vaginal examination for several years. About four years ago I saw her in one of her attacks of menorrhagia, and by digital examination then I thought she had a fibroid. Thorough examination was not permitted, and I did not see her any more till called upon to treat her for her present condition, a few weeks ago.

I notice in the December CLINIC notes of a case of diabetes mellitus successfully treated with nuclein (Aulde) by Dr. Toboldt; so I think I will try it in this case.

J. A. TYLER, M. D.

Ophir, Ore.

—:O:—

We shall look with interest for the result of this experiment with nuclein. Note that in Toboldt's case an intestinal antiseptic, copper arsenite, was also given, and with benefit. Arsenic bromide has been highly recommended in diabetes. Seidlitz salt would be better than the Waugh's Laxative, as the latter check perspiration, and in diabetes this should be encouraged. I would suggest baptisin as an adjuvant, for its effect in stimulating the liver. Tyree's Antiseptic Powder is said to stop leucorrhea quickly, but I would not be satisfied to treat it without an examination.—ED.

#### HELP FOR INQUIRERS.

*Editor Alkaloidal Clinic:*—Dr. C. H. Bright, page 41, January CLINIC, wants treatment for "eczema of the hands." Your topical application is different from that which I have used, which is pine tar and vaseline, fresh butter (not salted), "cot-toline," or castor oil. Warm together so as to make a moderately thin ointment, and apply, wearing the same gloves all the time if possible, but especially at night. It is not pleasant, but has cured some pretty severe cases for me. Internally I used arsenic and strychnine.

The tar treatment I learned from old John Hughes Bennett's work, and I am satisfied it is a remedy for many skin diseases which is too much neglected, because not tried. He used it largely for itch and tetter. Following the lead of this rare old Scotchman, I have had all the good effects I could desire.

Dr. A. M. Beal, page 42: Try the following: Boric acid and acetanilid, equal parts, finely powdered; glycerin to make a moderately thin paste; apply on soft cloth to the affected parts, changing every twelve hours. This, should the editor's not avail.

Dr. N. W. Sanborn, page 44: I have had quite a number of ague cases at nine months and under. The youngest case I can remember now was the young infant of a woman who was a quinine wreck. During gestation she had had "3d-day chills," and had taken quinine, etc., till when I was called to attend her, during her confinement, she was as yellow as gold. The spleen could not have been less than twelve or fourteen inches in diameter, reaching from the spinal column around the navel and down to the spine of the ischium. Flattened by the gravid uterus, the edge of it felt like a thin dinner-plate. The amniotic liquor was nearly pure bile, over a quart in quantity and thick as ordinary paint. The infant showed signs of malarial poisoning in a few days after birth, and I had considerable trouble with it and the mother; but my old stand-by, calomel and arseniate of strychnine, with tincture of muriate of iron, did the work.

This case caused me to ask myself a question. Can any of the CLINIC readers answer it? How did the bile get into the amnion? That it was bile is a fact, as it answered to every test. Moreover the infant when born was covered all over with a thick layer of partially solidified bile, which peeled off in strips like blotting-paper. This case has been a curious study for me for many years.

Another case, obstetric, was a curiosity

to me; the amniotic fluid was not a fluid at all, but a mass similar to fluid jelly, of a pink color and in amount about one quart. Baby was as clean as a pin. Such cases are not exactly alkaloidal, but often turn up in the practice of its advocates, and are worth recording.

The January CLINIC is a "honey." I was particularly pleased with the portrait of Dr. Epstein; as much so as I am with his splendid articles and rare common sense. Otherwise also, the issue is simply "every thing nice."

BEN. H. BRODNAX, M. D.

Brodnax, La.

—:O:—

We thought our readers would be pleased with the pictures of our leading contributors. How often, as we read a paper that pleased us, we have wished we could see what the writer looked like. Dr. Brodnax's remarks about tar remind us that long before the discovery of disease germs, Berkeley, who denied the existence of matter, advocated tar water as a panacea.—Ed.

#### PHTHISIS.

*Editor Alkaloidal Clinic:*—For the irritating cough of consumptives, I have found the following formula to give better results



L. E. HAZELTON.

I have also had excellent results from the following inhalation, that allays cough, procures rest and often lowers the temperature, in all chronic pulmonary affections: Turpentine, one ounce; oil eucalyptus, four drachms; iodoform, four drachms; pure beechwood creosote, two drachms; ether,

than any other: Potassium cyanide, four grains; morphine acetate, five grains; sanguinarine four grains; syrup of tolu, two ounces; water two ounces. Mix. Direct: A teaspoonful every three hours.

one ounce. Mix. Direct: Put ten drops on a fine sponge and drop in a wide-mouthed vessel, containing half a pint of boiling water. Cover the head with a cloth large enough to enclose the vessel, and let the patient inhale the fumes, opening the mouth and letting the fumes penetrate the lungs and bronchial tubes.

The effect is often magical. Some cases, with severe cough, profuse muco-purulent expectoration, loss of appetite and sleep, find themselves improved. It often brings refreshing sleep, and certainly checks the irritative cough. Try it. It should only be used twice a day, or three times in severe cases, from twenty minutes to half an hour each time, heating the water as it gets cold.

LIZZIE E. HAZLETON, M. D.

Indianapolis, Ind.

#### EPIDEMIC CATARRH: INFLUENZA.

*Editor Alkaloidal Clinic:*—The subjoined cases will serve to illustrate a form of epidemic catarrh, prevalent during the past few weeks in this community, and affecting children in the main.

The chief symptoms, after a few days malaise, are fever, ranging from 102° to 104°, rarely preceded by a chill; high pulse rate; headache; a catarrhal condition of the entire respiratory tract; cough; mucous rales heard over both sides; injected eyes; sore throat with glandular involvement; bowels irregular, sometimes diarrhea, sometimes constipation; usually one or two attacks of vomiting, the vomited matter consisting of undigested food mixed with bile.

When old enough to express their sensations, the patients complain of a general soreness affecting the entire body. The duration of the acute symptoms ranges from one to three days, followed by a gradual subsidence of the catarrhal condition.

Case 1. Girl, aged five years; temperature 102.6; pulse 131; intense head-

ache; flushed cheeks; hacking cough; sore throat; constipation. First seen on evening of January 19. Ordered a hot mustard foot-bath; a purge; three granules of calcium sulphide, gr. 1-6, every two hours, and a teaspoonful of the following, to be taken every three-quarters of an hour till improvement, then less frequently: Aconitine, six granules; Waugh's Anodyne for Infants, twenty-four granules; nuclein (Aulde), twelve granules; water, three fluid ounces.

Before the following evening the bowels had moved, the temperature and pulse rate had returned to normal, and for the occasional moist cough which remained a few granules of Calcium Sulphide Compound were ordered as required.

Case 2. Girl, aged four years; slight chill; temperature  $102^{\circ}$ ; pulse 120; vomiting; moist cough; slight diarrhea and sore throat. First seen January 13. Directed same treatment, including purge, save that one granule of aconitine was omitted from the solution. Recovery followed in two days.

Case 3. Girl, aged twenty-two months; temperature  $104^{\circ}$ ; pulse 124; cough; constipation; vomiting shortly and invariably after nursing. First seen January 16. Gave same general line of treatment, together with a diet of absolute starvation for one entire day. Complete recovery by January 18.

Case 4. Boy, aged three years. First seen at midnight January 26. Temperature  $103.8^{\circ}$ ; pulse 123; vomiting; no sore throat; no cough; coryza; delirium; constipation. Aconitine in solution until effect, and a purge, were followed by recovery within three days.

Owing to the fact that cases of scarlet fever had been reported as existing, an absolute diagnosis on my first visit was not made out. However, the absence of glandular engorgement, rash, desquamation and sequels, sufficiently differentiate the affection.

I neglected to mention that in those

cases in which chilliness was a symptom arseniate of quinine was one of the incidentals of treatment, and the purge given was one powder composed of podophyllin and calomel.

I believe these cases to be influenzas, mild manifestations of the grip; the remarkable feature about them being their prompt recovery on alkaloidal treatment.

ROSS B. ROWE, M. D.

Strasburg, Pa.

—:O:—

Doctor, your article is timely, your treatment excellent and your conclusions right. This epidemic has been widespread, and in many instances, judging from reports at hand, not fully understood and poorly treated. It is an influenza of what your editor has been accustomed to call the abdominal variety, the tendency being to a greater or less explosion upon the mucosa of the alimentary canal.

When neglected by the patient and family or not promptly recognized and properly treated by the physician, all manner of sequels follow. You may have enteritis of the mucous type, which in continuance and many of its symptoms strongly simulates typhoid fever, or you may have bronchitis or pneumonia.

A very peculiar and aggravating catarrhal bronchitis often follows these attacks. There is usually little temperature—a degree or so at night—but there is cough, and the listening ear detects a peculiar sound on inspiration made by the snapping apart of the air cells glued together by a thick mucous secretion. This changes from one part of the lung to the other under the influence of gravity, and will often try the skill and patience of the physician exceedingly. Our experience has been that it yields best to nitrate of sanguinarine and strychnine arseniate, three of the former and one of the latter every two hours. Hyoscyamine may be added if there is much irritation.

It is the observation of your editor that



no one yields to this influenza who is not in a condition of general or temporary debility, and strychnine as a tonic is therefore always indicated.

Dr. Rowe did not tell us what he means by "Calcium Sulphide Compound," but if he means Aulde's formula, it is morphine hydrochlorate and pilocarpine hydrochlorate, of each, gr. 1-200, with calcium sulphide, gr. 1-40. It is an excellent cough combination, particularly adapted to this class of cases, in which there is a marked tendency to pus-degeneration of the mucous secretion. We believe that our readers will recognize in the doctor's lucid description of his cases the very type of influenza that they have been treating during the past month, and we trust that from the combined suggestions some help will be gathered.

Dr. Rowe, please write again.—ED.

#### GLONIN IN ASTHMA.

*Editor Alkaloidal Clinic:*—For one year I have been reading the CLINIC, and must confess that it is a great help to me, giving me more practical points at the time when most needed than any other medical journal I read. Each issue is full, not of fine-spun, theoretical papers especially prepared for special occasions, but of practical, helpful points for those desiring to advance in what I shall term "applied therapeutics." If you will permit a stranger to enroll among your contributors, I will give you some of my experience with your little granules of glonoin.

A few months ago I was called in great haste to see Mr. F., aged forty, whom I found suffering with a severe attack of asthma. He had been unable to sleep for several nights. I gave him glonoin, gr. 1-250; strychnine arseniate, gr. 1-134; atropine, gr. 1-500; one granule each, every hour. He improved from the first dose. I then put him on strychnine arseniate, three granules four times a day, with ex-

pectation of gradually increasing this dose until the maximum was reached, as outlined in previous numbers of the CLINIC; but alas! as is often the case, when the patient began to feel as well as usual (he had been affected for eight years) he quit taking the medicine. So on the first of January I was summoned in great haste to treat a second attack.

I found him quite exhausted, propped up in bed and gasping for breath. He had been in that condition for eight hours. I immediately placed two granules of glonoin on his tongue, requesting him to allow these to dissolve, and as soon as I could prepare it gave hypodermically, glonoin, gr. 1-125; morphine, gr. 1-8; atropine, gr. 1-250. Within twenty minutes of my arrival he was resting, breathing easily, and was able to lie down.

Being troubled considerably with paroxysms of coughing, I gave him hyoscyamine, gr. 1-250; strychnine arseniate, gr. 1-134; atropine, gr. 1-500; glonoin, gr. 1-250; one of each every hour for twelve hours, then every two hours. At this writing, January 4, he is very much improved. What think you of my treatment?

I write this solely for criticism, as my experience with alkaloidal medication is somewhat limited. I will give you my experience in the near future with glonoin in obstetrics. Suffice it to say that I am delighted with the granules. Success to the CLINIC.

DR. O. J. McMINN.

Alma, Ind. Ty.

—:O:—

It would be difficult indeed, to criticise unfavorably a case so ably handled. A capsicum plaster over the right pneumogastric nerve in the neck sometimes acts like magic. Would not the treatment have been equally effective without the morphine?—ED.

Try arsenic sulphide, a granule every one to three hours, for diphtheria.

## DIPHTHERIA.

## What Killed My Patient?

*Editor Alkaloidal Clinic:*—On November 4, 1896, I was called to see J. F—, aged eleven years. I found him confined to his bed, complaining of slight chilliness, headache, pain on swallowing, loss of appetite, and some cold. On examination, I found his temperature normal; both tonsils enlarged; white coated tongue, and redness of the fauces. I gained nothing more by percussion and auscultation. Two other members of the family were complaining of cold and sore throats, though they were not confined to bed.

I learned from the family that none of the children had been exposed to any kind of an epidemic, as none prevailed in their community at that time.

They had neither associated with nor been associated with by other children. The only cause given for the disease was exposure to cold.

I gave my patient a saline purgative, a lotion of chlorate of potassium, listerine and water, and prescribed warm applications to the throat and chest, and a warm foot-bath at night. I prescribed also the same treatment for the two other children.

Three days later, I was again called in and found the temperature 97; pulse 69; respiration normal; headache absent; white coated tongue; redness of fauces; creamy exudate on the tonsils, which were still swollen; nausea and vomiting; epistaxis "occasionally." The attendants complained of his refusing to take either food or medicine. It was with much difficulty that they could administer either, even at long intervals. The other two children complained of nothing more than a slight cold. I advised some change of treatment. The bowels were to be kept open as before, a lotion of chlorate of potassium, one drachm; carbolic acid, half drachm; glycerine, one ounce; and water, three ounces;

strychnine for subnormal temperature; nourishing, liquid, diet.

I saw the patient again on November 10. Found the temperature, pulse and respiration the same as on my second visit; nausea and vomiting absent; swelling of tonsils and exudate disappeared, and epistaxis absent. No improvement of appetite. I made no change in the treatment, except adding alcohol for the subnormal temperature. I left my patient doing, as I thought, fairly well. On the afternoon of the next day he died.

On the day of his death two other members of the family were taken, but under the care of another physician, Dr. L., recovered in a few days. On January 13, another member of the family, a girl, aged fourteen years, was stricken down. Dr. L. was again called in, but his patient died in five days. The last case ran a course almost parallel to the first, with the exception of the involvement of the lymphatic and salivary glands.

A word about the family: It had two prominent qualities, ignorance and filth. If it were possible they violated every hygienic law.

Will the readers of the CLINIC please give a diagnosis of this case, and the cause of death? Drs. Waugh and Epstein's opinions are especially solicited.

J. L. FLEMING, M. D.  
Trezevant, Tenn.

—:O:—

Dr. Waugh believes this patient died of diphtheria with endocarditis, from the entrance of the specific bacilli into the circulation. Several points are obscure: Was there albuminuria? I have learned to dread the potassium chlorate, for its effect upon the kidneys. Epistaxis showed that the disease penetrated to the nasal tract, whence absorption is easy. I have never known a fatal case of diphtheria when the hygiene of the house was not bad, as Dr. Fleming intimates.—ED.

### PHTHISIS PULMONALIS.

*Editor Alkaloidal Clinic:*—For seventeen years I have been living with my wife, and in all that time she has been a sufferer from phthisis. She was a patient when I married her, and she says she intends to see that I am always doing business at the old stand, and proposes, I would imply, to survive me.

At times you would think the end was very near, from the distressing and prostrating cough, and the profuse hemoptysis. Then, again, you could scarcely imagine that she was thus afflicted; for months she will go without a symptom, but in that time she will eat and put on flesh rapidly. We have tried climates and find that she does better on her native heath than anywhere else.

While she does not expect to entirely recover, she claims that she has received the greatest benefit from inhalations of sulphur. When she discovers that she is getting down, as she calls it, she goes to the kitchen and places on the stove some flower of sulphur, closes all the doors and windows, and stands over the burning sulphur as long as she can endure it; runs out and takes a rest, then returns, until she has subdued all the symptoms. Then she fills a tea-pot with diluted wine-vinegar, and for a few days the house will smell like a pickle factory. That closes the whole proceedings probably for months.

You know the old saying about shoemaker's children going without shoes. Well, this will apply also to doctors. While my wife was a young lady and my patient, I was very attentive and impressed her thoroughly with my skill. But when she became my wife, of course she discovered that I required all of my energies to impress "some-one-else's" wife with my wonderful ability, hence she did not wish to be a burden.

She claims the saying that "when the devil was sick, the devil a monk would be,

when the devil got well, devil a monk was he," applies fully to my case and to all doctors after marriage. Of course this is a slander. We all love our wives and children, and if they only knew it (this is just a whisper) it's the very reason we do not doctor them.

Peanuts produce a very acceptable and easily digested oil, which is quickly assimilated. Peanuts, therefore, become in my opinion the staff of life for consumptives. We never use cod-liver oil, and rely on the palate in selecting an acceptable diet.

While sulphur-gas inhalations have been used in phthisis for hundreds of years, in China and Corea, and in America, perseverance in their use is what is required. The human being likes variety. A new idea, let it be never so good, soon becomes obsolete when it becomes common. Then again the treatment is too simple.

However, we all know that Hahnemann, the father of homeopathy, always fell back on sulphur when he discovered his *similia similibus curantur* "suggestions" failed him; and I understand that he considered powdered egg-shells, with sulphur, as a specific in mastering disease. As eggs contain a good amount of sulphur, I give them as an article of diet whenever they will agree; and they will agree whenever the palate consents to their reception.

I don't believe in long-winded articles, on this subject or any other, so will cease by suggesting that whenever you fail with other treatments in these cases, and after exploiting all new fads to your disgust, fall back on this old treatment and don't give it up until your patient recovers or dies.

H. S. BREWER, M. D.

126 State Street, Chicago.

### SANGUINARINE; ITS USES.

*Editor Alkaloidal Clinic:*—On page 431, December CLINIC, 1896, I notice the remarks of Dr. Brodnax on Sanguinaria Canadensis. I cannot imagine that the doctor, with his many years of experience,

would relish anything that I could tell him on the subject; but in your foot-note you rather intimate that "there are others." Every old farmer and stock raiser in the country knows that there is nothing like sanguinaria to make thin horses and cattle "shed off" in the spring and look "gamey." Every old granny back in the hills digs the root, and if her confiding patient or the child does not "mend" to suit her fancy she turns to it as her sheet-anchor.

"This will beat all the doctor's stuff to build up, Mrs. Brown."

She learned it from her grandmother, who learned it from a friendly squaw.

Why I thought that every one knew all about sanguinaria!

It is, in minute doses a most excellent stimulant to the vegetative system of nerves, with an apparent preference for the mucous membranes. In bronchitis, with dry cough; in asthma; in pneumonia, second and third stages; atonic conditions of the stomach and bowels; in acute laryngitis, with skin dry and hot, and hoarse breathing; in coryza; in chronic gastritis; in diphtheria; in emphysema; in pleurisy; in splenitis; uterine polypi, etc., it is invaluable. I wish I could write an article on my experience with it in each of the above diseases and others. Dr. Brodnax has had, no doubt, an experience with it similar to my own.

I notice from their writings that the brothers often fail to get the desired results from the exhibition of well-known remedies. The fault is with the doctor and never with the medicine. Make an accurate specific diagnosis, be thoroughly acquainted with the mode of action of your granules, then simply press the proper button and the granules will do the rest.

For example: I was recently asked to see, in consultation, a bad case of la grippe. The attending physician had given everything he could think of. The dry, hard cough; the hot, dry skin; the complete anorexia, begged for help. The vegetative

system of nerves was depressed and needed stimulation to resume their functions. In the pleading eyes of the poor woman I seemed to read, "please give me some sanguinarine." I at once complied with the request, and in three hours improvement could be seen. The next day she asked for food, and made a capital recovery.

Now do not imagine that sanguinarine will always cure bad cases of influenza; it simply stimulates the vegetative nerve-centers, and whenever their failure to act in any given disease is a prominent symptom, the medicine will prove beneficial. Doctors are too apt to say that a certain remedy is good for a certain disease. This is not the way to study materia medica and therapeutics. Every remedy has a specific mode of action peculiar to itself. The conditions being the same the effect will always be the same.

First learn the action of the remedies you use; then, no matter what the name of the disease may be, if you wish to produce a certain effect you will know just what agent to use to do it. Remember, also, that much depends upon the size of the dose. A small dose of aconite will have a beneficial effect upon the circulation when the pulse is rapid, weak and wiry; a large dose under the same conditions will aggravate the trouble. The same may be said of all therapeutic agents. A small dose of morphine will stimulate while a larger dose has the opposite effect, and the reason for this is very easy to be understood.

A physician should not only study but he should observe, reason and then remember. Finally, keep in mind that truism so well expressed by Horace: "Non cuivis homini contingit adire Corinthum."

F. A. REW, M. D.

Lebanon, Mo.

—:O:—

We are pleased to welcome our old friend Rew after his long silence; and trust that his failing eyesight will not prevent further contributions.—ED.

## CROUP AND CALOMEL.

*Editor Alkaloidal Clinic* :—Your February number being devoted to diseases of the respiratory tract, and as you express the wish for every reader to contribute something of interest to the CLINIC family, I will say, as my effort to help, that in croup, both false and membranous, we have a remedy that in my hands is as near a specific as any remedy can be. And I use the word advisedly.

For forty years I have relied upon it and it has never disappointed me. This remedy is heroic doses of calomel. To a child of two or three years, I give ten or twenty grains, and when I give only ten grains repeat the dose in thirty minutes if the patient is not relieved. It is hardly ever necessary to repeat the ten-grain dose.

To a child of twelve or fourteen years I give twenty grains at one dose, and I have yet to see the case this herculean dose will not cure. I am a dosimetrist, "dyed in the wool," yet this large dose acts like magic. I offer no theory of its *modus operandi*. I only know that it does the work quickly and safely.

Will some CLINIC reader try it? If you are bold enough to give such a dose, you will be astonished and delighted with its charming effects. It is a part of unwritten medicine so far as I know. The treatment was born of helplessness and desperation, at the bedside of a dying child, and the only treatment that ever approached it was the "Brooklyn Method," or Dr. Corbin's, the inhalation of mercurial vapor.

To make it plain, suppose I am called at 10 or 12 o'clock some night to see a child; find him struggling for breath, with dry, hoarse, barking and stridulous cough, a piping, scarcely audible voice, and other symptoms of membranous croup. At once I measure out ten or more grains of calomel and give it to him. In a short while, thirty or forty minutes, all the agonizing and frightful symptoms disappear; the respira-

tion becomes easy; cough lessened; formation of pseudo-membrane is arrested, and the systemic poisoning prevented. The little fellow is soon wrapped in a sweet and natural sleep. I always order next morning a dose of castor oil and a drop of turpentine.

Try it, brother. You will be more than rewarded by your triumph over this formidable disease.

J. DELEON, M. D.

Redwater, Texas.

—:O:—

I rather expect this letter to provoke discussion, and hope it will. Dr. DeLeon takes one position we must approve: That as a believer in dosimetric medication, he yet holds fast to anything he finds good, whether it is alkaloidal or not. In this we differ from the genuine disciple of Hahnemann, who practises homeopathy while we practise medicine. There is a time for the delicate insertion of the alkaloidal needle, that carries its minute dose exactly to the point where it is needed; and there is likewise the time when the blow of a sledgehammer dose, wielded with all the force of American manhood, can alone meet the emergency.—Ed.

## PNEUMONIA.

*Editor Alkaloidal Clinic* :—As an invitation has been extended to all your readers to give their treatment of respiratory diseases, I will attempt to give a brief outline of my usual treatment of pneumonia; although it is out of the question to give an exact treatment that would apply to cases of this kind more than in a general way, for the reason that variations in temperament or nervous make-up are always to be considered.

During the congestive stage, heat and moisture externally, and aconite in small, oft-repeated doses, appear to do more good as a rule than other treatment. During the engorgement and hepatization stages, especially in advanced age, strychnine



nine is my sheet-anchor, two or three granules, gr. 1-134, every two hours, to sustain the heart and brace up the nervous system; alternated with small doses of muriate of ammonium, so that the patients get medicine every hour when awake.

For the young, middle-aged and strong, aconitine and veratrine, separately or combined, where the fever is 103 or above, one granule of each every hour until the fever drops to 100, is a safe procedure in a general way, except with the aged and those who have been enfeebled before the disease came on by la grippe or some other debilitating disease. When the fever drops give less often and watch effect.

These granules may be safely given more often than this for a few doses, say every half-hour, until an impression is produced, where the force of the heart-beat is strong, in plethoric cases and those of robust constitutions. While I have never resorted to venesection myself in such cases, still I believe it might bring more ready relief in plethoric cases than any other procedure. The granules have served me well in these cases, however, so I continue to use them, instead of horrifying my patients' friends by so unusual a procedure as shedding blood.

In the latter cases, when the fever is well reduced, I give only an occasional dose of the defervescent granules, and sustain the nervous system with granules of strychnine or strychnine arseniate. Nourish with small quantities at one time of sterilized milk, often repeated. If slightly salted it will retard coagulation and remain in smaller particles for easy digestion. Beef broth, made from entirely lean beef, may be substituted if milk is not well tolerated.

W. C. DERBY, M. D.

White Cloud, Mich.

Dr. Waugh's long-expected book, "The Treatment of the Sick," is in the printer's hands. See ad. pages for special terms to advance subscribers.

#### OLD MEN'S URINARY AILMENTS. CHOREA.

*Editor Alkaloidal Clinic* :—Until this moment it has been impossible to thank you for your kindly suggestions in January CLINIC, respecting the treatment of prostatic enlargement and deficient osseous development in a child. The child has had nuclein tablets, is fed largely on Horlick's malted milk, bathed often in warm water and kept in a reclining position, though moved very frequently. The teeth are coming very well and the general development is better, but the strabismus, which is divergent and alternating, is present in full force.

In the old man's case, there seems to be present a weak heart and blood-stasis, evidenced by inability to rest long in one position. I am giving cactina pillets and hyoscyamus, with some relief. The ardor urinæ is relieved by Tritica; as is the general discomfort. This man is an active worker, though nearly seventy years of age; eats heartily and experiences no discomfort during the day except a rather urgent demand to urinate after changing from a reclining to an erect position. It would seem that prostatic congestion must increase from the warmth of the bed as the stream is always small during the night, almost without muscular aid, while in the day the stream is larger and obedient to muscular effort.

I have had no chance to procure urine for analysis, except some months ago, when it was normal as to acidity and general color. The man is, and has been all his life, accustomed to the free use of coffee, with cream of good, rich quality and sugar; but he never is idle a moment, is accustomed to a cold sponge bath every morning and is attentive to the use of seidlitz mixture with glauber salts to keep the bowels free. This he says is rendered imperative on account of a tendency to articular rheumatism.

I have taken your time and attention

for this case because it has not given way to the means employed and I like to do all that can be done with advantage.

A girl between eleven and twelve has been affected with chorea some five or six weeks, with less improvement than is to be desired. I gave vermifuges with calomel to clear the alimentary tract, and followed with tonics and sedatives.

A man of thirty odd years has an eating ulcer of a few weeks' duration, which began on the cheek and extends now to the lower jaw. The teeth are all out, but there is a glandular swelling and tenderness opposite the internal sore, which is rapidly destructive of tissue. Is there a well-appointed cancer hospital in Chicago? The man is poor but his friends may help him, if he can be induced to believe it will lead to good results. He is inclined to self-destruction, so little has been known of good being done in such cases.

One more word: Whether nature is right or wrong we have to seek out her way; most assuredly we will not find the time and place where she is not "master of ceremony." Neither will we find time or place where vice is virtue, or excess moderation, in the sexual or other relation. The orders of satisfaction for the majority in this world have not been of the most exalted character; nor will they be until science and reason are allowed fuller recognition than heretofore. The question must not be as to "souls," but as to the manliness and nobility of purpose. Emerson's line: "One single drop of ruddy, manly blood the surging sea outweighs," is and always will be true.

JAS. H. CRAIN, M.D.

Beechwood, Ill.

—:O:—

Hyoscyamine has been quite successful in chorea; a granule every hour or two with a granule of cicutine until the effect is reached. Keep the bowels empty; all nervosa are aggravated by constipation. Melachol would be a useful agent here, as

it is not only an efficient laxative but quiets excited nerves.

There is no cancer hospital in Chicago to which we could recommend your case. But try formalin on the cancer; beginning with a two per cent watery solution and increasing to twenty or more. It looks like lupus or syphilis from the description. Give cicutine granules to relieve pain, one to three every hour, with nuclein (Aulde), and the arseniates of strychnine, quinine and iron, one of each every one to three hours.—Ed.

#### EXOPHTHALMUS?

*Editor Alkaloidal Clinic:*—I have a case on which I wish to report and ask your help, also the help of any of the CLINIC readers.

E. H., aged thirteen; pale, anemic, jaundiced-looking; face full and puffy; eyes somewhat bulged and the whites of a pale, pinkish color; tongue coated and flabby; but little appetite; digestion poor; complaints of pain in the stomach, but cannot tell whether it is worse before or after meals; tires easily; has attacks of weak, faint feelings on any little exertion or when hungry; gets up from one to three times at night to empty his bladder; pulse hard and wiry, 108 per minute; temperature 99; respiration 19; carotid pulsations full; palpation discovers a peculiar quiver over the heart-region; auscultation discovers a hard, quick, hammer-like stroke, and a peculiar whirring sound of the heart.

This patient was treated for the same or a similar trouble about three years ago. The treatment seems to have been satisfactory, but was stopped too soon. The patient has been without treatment for more than a year.

Treatment: I gave strychnine arseniate, gr. 1-134; digitalin, gr. 1-67; aconitine, gr. 1-134; and bryonin, gr. 1-67; before each meal, for a week or ten days. The fever giving way I left off the aconitine, and increased the strychnine and digitalin. For the urinary trouble, atropine, gr. 1-250,

was given each night at bed-time; for the pain in the stomach or otherwise, codeine, gr. 1-3, and hyoscyamine, gr. 1-250, every twenty minutes till relieved; for the constipation and torpid liver, Buckley's sulphur comp., three granules before each meal till effect; the number of granules to be increased or decreased as necessary.

Some of the medicines have been dropped and others added, till he is now taking strychnine arseniate, gr. 1-67; digitalin, gr. 1-32; iron phosphate, gr. 1-6; nuclein (Aulde), gr.  $\frac{1}{4}$ ; before each meal; Anti-constipation granules (Waugh's), four before each meal till effect; the number of granules to be increased or decreased as necessary to keep the bowels in good condition; quassin, gr. 1-33, half an hour before meals, to improve the appetite and aid digestion.

At present his temperature is normal; respiration normal; pulse 100; appetite tolerably good; does not have to get up at night to urinate; general appearance better; heart symptoms but little changed except in number of beats.

The patient has improved some under my treatment, but his parent is impatient, and certain parties who are not my best friends talk very loudly, especially since I commenced the alkaloidal or dosimetric plan of medication. I am anxious for my patient to get well under this plan. If you will suggest a good line of treatment in this case I shall be greatly obliged.

G. M. JAMESON, M. D.

Buda, Texas.

—:O:—

The tense pulse calls for glonoin; the digestive ailment can be relieved by Melachol, and the heart should have the iodides of arsenic and iron. As described, the case looks like exophthalmos, though nothing is said of the goiter. If this appears I should add strophanthin to the above, pushed to the physiological limit.

—ED.

#### LA GRIPPE.

*Editor Alkaloidal Clinic*:—It is not because I have lost interest in alkaloidimetric medicine that my orders for granules are not forthcoming. I have just recovered from a severe attack of "la grippe," which kept me from practice for more than a month.

Right here I wish to add my testimony in behalf of the great value of emetine in lung disease. I believe it saved my life in my recent illness. Being too ill to know what I did at first, when I came to my proper senses I realized that I was in a critical condition. My bronchial tubes seemed completely clogged. My cough and pain were very great, yet I could scarcely cough, and could not expectorate at all. My lungs gave me great pain. My heart seemed to have a cord around it, which appeared to draw very tight, and gave great pain at each effort at coughing. My secretions seemed to be entirely stopped and my alimentary canal dry and parched. I had taken two grains of calomel and  $\frac{1}{2}$  grain of podophyllin, in small doses, but it had not acted. I felt as if I could not live if I did not soon get relief.

Emetine, gr. 1-32, and strychnine arseniate, gr. 1-134, every hour, were commenced at once and continued till convalescence was established. In twelve hours I could cough and expectorate with ease; my bowels were moved by enemas of hot water, and in twenty-four hours all the secretions had returned and I felt much relieved.

At this time I discovered that I was badly salivated. Soon after this I was attacked with very severe neuralgia in my teeth and eyes. I took migraine tablets, A. A. Co., two every hour till better. They relieved my eyes, but seemed to have no effect on my teeth. I then tried atropine, aconitine, gelseminine, codeine, each in turn, and to the limit of safety as I thought, yet I might not have pushed them far enough. These medicines failed to relieve my pain, which was so great as to almost drive me crazy. I then tried morphine, in half-grain doses,

every half-hour till relieved, which generally took three or four doses. But this treatment was not at all satisfactory, as it greatly interfered with my lung trouble, suppressing my cough and drying up the secretions.

My fever was controlled with defervescent comp. at first and dosimetric trinity later. I was in no condition to treat any case, yet the treatment gave very good satisfaction with the exception of that of the neuralgia and pyalism. If you will give me a satisfactory alkaloidal treatment for these conditions I shall feel very grateful.

I am highly pleased with the CLINIC's new dress and more with its contents. Each number seems to grow better.

G. M. JAMESON, M. D.

Buda, Tex,

—:O:—

For salivation, atropine should be pushed to the production of its physiological effects, and the mouth rinsed frequently with an astringent antiseptic, such as a teaspoonful of the tincture of myrrh, or of iron, in a glass of water. Add gelseminine for the neuralgia, with a saline laxative, and iron iodide as a tonic eliminant. Dr. Jameson does not say too much in favor of emetine, it is one of the most useful drugs in our list and the safest as well; as it is a powerful eliminant. Metcalf puts up a preparation called "Kola-Koloid," which I have found an efficient tonic in my own case.—ED.

#### BRONCHITIS.

*Editor Alkaloidal Clinic:*—Case 1. A male child, aged eighteen months; had bronchitis with slight fever.

I ordered three granules each of aconitine and digitalin, dissolved in twenty-four teaspoonfuls of water; of this a teaspoonful to be given every hour. Also, in another glass I dissolved nine granules of apomorphine in twenty-four teaspoonfuls of water, and ordered a teaspoonful every

hour. Result: A complete cure of the little patient without a new supply of medicine.

Case 2. Female, aged thirteen months, with bronchitis; temperature  $102^{\circ}$ ; pulse and respirations correspondingly accelerated; hard cough.

Treatment: Dissolved two granules each of aconitine, digitalin and emetine, in twenty-four teaspoonfuls of water, and ordered a teaspoonful every thirty minutes until better, then every hour. I also gave Waugh's Anodyne, one every hour for six doses, and after that one just as necessary to relieve restlessness.

The patient began to get better in a few hours and in three days was perfectly well.

Case 3. A female, aged three years, a small, delicate child. When I first saw her she had a high fever and was threatened with croup.

Treatment: Dissolved four granules each of aconitine, digitalin and strychnine arseniate, in twenty-four teaspoonfuls of water; gave one teaspoonful every thirty minutes until the fever was reduced, then every hour. I gave one granule of calomel, gr. 1-6, every hour until the bowels moved, then stopped it. With the fever mixture I also gave potassium bichromate, one granule every thirty minutes, dissolved in a teaspoonful of warm water, until six doses were taken then every hour for a day, and every two hours until the patient recovered, which she did in a few days without further trouble.

I could cite many more seasonable cases, in which the alkaloidal treatment has accomplished results similar to the above.

C. W. ISAMINGER, M. D.

Rogers, Mich.

—:O:—

Just compare this treatment with that by brown mixture and muriate of ammonium, of which Niemeyer said that the only effect it could have was to spoil the digestion.—ED.

## DR. BROWN'S PRESCRIPTIONS.

By Frank L. Rose, M. D.

Reuben Oliver Brown, M. D.,  
Graduated in '73.

Determined to win an honored name,  
Down to Chicago he promptly came,  
With a new silk hat and a little goatee.

When Brown began practice in '73,  
He had certain ideas of what ought to be;  
So he used to write, in a full round hand,  
In the very best Latin at his command:  
"Scillæ compositus, t. i. d."

"For," said young Dr. Brown to himself,  
said he,  
"I'll show these old fogies how things  
ought to be."

And then with a dignified, virtuous frown,  
He would write his full name and  
appendages down:  
"Reuben Oliver Brown, M. D."

But the world proved cold, as it sometimes  
can be,  
And it didn't take kindly to young Dr. B.  
Old fogies who didn't know Latin from  
Greek,  
Rolled by in their carriages portly and  
sleek,  
While the prairie winds sighed thro'  
Brown's little goatee.

\* \* \* \* \*

Eighteen hundred and ninety-three,  
Dr. Brown is as rich as he can be.

You will find his prescriptions every-  
where.

The druggists admire him—they all  
declare  
They follow his orders implicitly.

For long before eighteen ninety-three,  
He had changed his style and his little  
goatee.

For "Scillæ comp." he writes "syrup  
of squills;"

For "fiat pilulæ" just "make pills;"  
While down at the bottom stands:  
"R. O. B."

5263 Halsted Street, Chicago.

Note date on the wrapper in which you  
receive this CLINIC and see if it is not  
about time for you to renew.

## NUCLEIN IN INFLUENZA.

*Editor Alkaloidal Clinic*:—I received your  
book on nuclein preparations, and for  
several days back have been thinking about  
being negligent in not having some on  
hand, as every winter I am sure to have  
la grippe; and for the last two winters I  
broke it up upon myself and others with  
nuclein (Aulde). Well, sure enough, it  
caught me without a bit on hand or any at  
the drug stores. I do not see how I could  
have been so negligent. Now I am suffer-  
ing all the torments which that disease brings  
with it, and only a day or two's treatment  
with the nuclein hypodermically would  
cure it, or at least ameliorate the symp-  
toms so that I would be in ease and on my  
way to recovery.

Two years ago I first used nuclein (Aulde's)  
principally for la grippe and tonsillitis, and  
why I haven't put it to a more general  
use I am not quite able to tell; but  
there are so many new things to keep  
up with all the time, and practising a  
specialty not dealing with acute cases, I  
presume put me off the track. I am con-  
vinced, and was long before I heard of  
antitoxin, Edson's aseptolin, etc., that nu-  
clein (Aulde) would revolutionize the prac-  
tice of medicine. It works on the same  
principle. I know that the antitoxin is a  
specific destroyer of diphtheritic poison if  
reliable, and saves many lives. I have  
given Edson's aseptolin thorough trial,  
but am not able to testify positively as to  
its merits. But I do believe that nuclein  
would do just as well, and better, towards  
the cure of consumption; and that your  
remedy is not confined to a single disease  
but will reach many cases through its  
action upon the blood. I remember read-  
ing what was claimed for nuclein several  
years ago but had forgotten it; to-day  
I was thinking it must be by increasing  
the white corpuscles of the blood and in  
that way helping to carry off effete mate-  
rial or bacteria, as the white corpuscles



are the scavengers of the blood. I would like to see frequent microscopical examinations of blood of patients suffering from different acute diseases, before and after the use of nuclein. I for one will prescribe this hereafter in as many different cases as I can, note the changes and report the score.

CHAS. E. ANNABEL, M. D.

Waverly, N. Y.

#### STORIES OF A COUNTRY DOCTOR.

*Editor Alkaloidal Clinic*:—"Stories of a Country Doctor," by King, is worth \$5.00 to anyone to read these long winter evenings.

Dr. G. L. Fox.

Slate Springs, Miss.

—:O:—

"Worth \$5.00," yet the CLINIC will send you a volume for 50 cents.—ED.

#### DR. BAILEY'S REPLY. PARESIS: A CURE.

*Editor Alkaloidal Clinic*:—Will you allow me to say in reply to Dr. Greedy, and others, in January CLINIC, page 39, with yourself as well, that I most emphatically demur to the above doctor's statement when he says: "It has been always the fault of religion to contract the mind when taken in large quantities;" but quite as emphatically approve of what you say in reply: "We have never yet met any one who had too much of the genuine article to suit us, nor one who was not the better for what he had?" But I believe there has been quite enough said on this subject, and I will go on with what is of special importance to me and, I believe, more profitable to others.

About 9 o'clock in the morning of January 3d, I was called to see a lady about fifty years old; rather delicate physically; of nervous temperament; menopause two

years back; very energetic and active in household duties; the mother of a large family in a large, well kept house. She had waked up in the morning just before daylight, and found herself unable to rise from the bed, as at any attempt to raise her head or move it on the pillow everything in the room seemed to be whirling round. She became at once very dizzy, faint and sick at her stomach, would gag and try to vomit every little while, but during the whole time of her sickness never raising anything from her stomach.

This had continued all day and when I came she was extremely weak and very restless; but had no signs of paralysis more than the general weakness of her whole body. Both pupils were largely dilated, the left more than the right, and showing little if any reaction to a bright light. Her pulse was about 78, irregular and feeble. Her mind was perfectly clear and she said she had no pain. On the fourth day in the evening I called another physician in consultation. Dr. Kelchner, and he concurred in my treatment, but like myself was unable to make any very definite diagnosis. Our judgment was that there had been a slight hemorrhagic infraction, perhaps near the tract of the optic nerve on the left side; as there was a very slight appearance of paralysis of the right arm and the left eye seemed more affected than the right.

And now as to treatment: I gave her first, glonoin, gr. 1-250; digitalin, gr. 1-67; calomel, gr. 1-10; and camphor mono-bromate, gr. 1-4; one each every fifteen minutes for one hour, then every half-hour for another hour. I then gave her an injection of one quart of warm water high up in the bowels, which produced a good operation in a few minutes; though it was very difficult to keep her on the vessel long enough for her bowels to move, on account of dizziness and fainting. After she got through she felt better, and her heart was beating fuller and more regularly; so I left her for the night strychnine arseniate, gr. 1-67, and digitalin,

gr. 1-67 every two hours; and camphor monobromate, gr. 1-4; and Dover's powder (modified), Waugh, one granule each every two hours when awake.

In the morning when I returned her bowels had moved three times more and she had slept three or four hours. Her pulse was 75, a little weaker and more irregular than when I left; temperature normal. The same symptoms continued under much the same treatment until the fourth day in the evening, when the temperature ran up to 101 and her pulse to 100, with severe headache. We also gave her Peacock's bromides to quiet her nerves and codeine to make her rest at night. The next morning her temperature was normal and continued so.

She began to improve the fifth day and has gradually got better, until now she can sit up nearly half the day, sleeps and eats quite well, but is unable to use her lower limbs on account of weakness and some pain. I might have said that she has been troubled with shortness of breath and palpitation of the heart for several years, from any little excess in exercise. She has never had rheumatism or any specific disease so far as we could discover, nor any trouble with the bowels or kidneys, and auscultation detects no valvular trouble. I think your criticisms, Mr. Editor, very helpful generally, and would like a word of advice as to this case and the diagnosis.

G. O. BAILEY, M. D.

Armington, Ill.

—:O:—

The attack seems rather one of cerebral anemia than of effusion, and I would suspect fatty degeneration of the heart as the cause. The treatment was excellent, but I would keep that lady upon arseniates and sparteine for a good long period. There may have been a serous effusion, or a transitory edema of the brain, such as occurs sometimes in cirrhotic nephritis. Dr. Bailey should let us all know the final result.—Ed.

#### ASTHMA TREATED SUCCESSFULLY.

*Editor Alkaloidal Clinic*:—As this is the asthma season, I want to report the successful treatment of the worst case it has been my lot to see.

I have been absorbing the CLINIC for over a year, and with such beneficial results that I want to give something in return.

June 18, 1896, Mrs. M.—called at my office to have her lungs examined. She had been a victim of asthma for the last eleven years, for six or eight weeks every summer, each year increasing in severity. This year the cough was so severe, the distress and weakness so great, that she had come to the conclusion that there was something more than asthma the matter.

I made a careful examination, to find as I expected nothing more than a severe asthmatic condition. Wherever I put my stethoscope over the lungs the same condition was to be found. After assuring her that the whole trouble was asthma and prescribing aspidospermine and glonoin, to be taken every half hour until relieved, she went home.

The next afternoon I was sent for. When I arrived I found her in a state of collapse. She was so weak she could not raise her head from the pillow. The pulse was quick and flashy, due to the extremely contracted condition of the lungs. There was an expression of distress on her face as she said: "Oh! Doctor, I cannot stand this any longer."

The cough was hard and dry, and it was only after repeated paroxysms of coughing that she could raise anything. I put her at once on the following: Hyoscyamine, gr. 1-250, two granules every hour until dryness of the throat, then less frequently; strychnine arseniate, gr. 1-134, three granules after meals, giving her an extra dose while I was there (between 4 and 5 o'clock p. m.); acid phosphoric, gr. 1-6, two granules every two hours; glonoin, gr. 1-250, two granules every fifteen min-

utes until the head ached, with chlorodyne for the cough. I returned the next morning to find her much improved; said she had slept some during the night, for the first time in a week; said she had twitching of the muscles in her limbs and elsewhere. I knew it was the strychnine and told her that would pass off. Continued the strychnine and phosphoric acid, also hyoscyamine at less frequent intervals.

She improved rapidly. After four days she told me she felt better than she had in years at this season of the year. As soon as the effect of the strychnine passed off I increased to gr. 1-30, later to one granule each of gr. 1-30 and gr. 1-134, which she is taking at present, with instructions to take one granule more, gr. 1-134, if any symptoms of the asthma return; for I have the satisfaction of telling you that not a symptom remains. In one week she declared she was feeling as well as ever she did in her life, and continues so.

I continued the phosphoric acid one week, at less frequent intervals each day or two, the hyoscyamine for four or five days. At present am using the strychnine arseniate alone.

I feel that I have scored quite a victory with the little pills in this case. For the first six years she treated with all the physicians within reach, even going to California, but all without any relief. For the last five years she treated three months each year with "asthmatic specialists" of New York, with very little if any relief as the result.

The drugs that I have had the best results from during the paroxysm are atropine, glonoin and hyoscyamine, pushed to full effect.

If this finds space in your valuable CLINIC I shall be encouraged to come again.

T. B. HOLMES, M. D.

Wadsworth, Nevada.

—:O:—

Nothing as good as this is ever turned down. It is a vigorous, helpful letter, and we want more of them, Doctor.—ED.

#### SCIATICA: HELP WANTED.

*Editor Alkaloidal Clinic:*—I have been a reader of your excellent journal for over a year, and a user of the alkaloids for nearly four years. I have often been tempted to write an answer to your correspondents who desired help, but thought abler counsel should have the right of way and so have refrained.

But now I am come to ask help in a case of my own; a case of sciatica, the worst I have ever seen in ten years' practice. It had continued over a year when it fell into my hands in August, 1896. The patient, a lady fifty-seven years of age; married; of a family who have nearly all died of phthisis pulmonalis, but giving no signs herself of this disease; is in good flesh; a chronic dyspeptic, with an enlarged, inactive liver. I cannot enumerate all the remedies I have tried in this case, but will name some of them:

First. Electricity, galvanic (the twelve-cell McIntosh battery being used to the best of my ability), treatment continued four months with varying results. At first there was improvement up to a point that admitted her sitting down for from half to one hour daily. Before this there was inability to sit at all, owing to the pain induced by pressure on the nerve. Atropine sulphate was used by the mouth and hypodermically for a long time but with only temporary relief. Gelseminine, aconitine, lithium, macrotin, colchicine, cicutine and bryonin have all been used, singly and in combination. I am now using sanguinarine nitrate and acetanilid. I have used strychnine sulphate and arseniate alternately as a general tonic all along.

Now my patient is able to sit up about one hour daily. Any suggestions you may see fit to make will be thankfully received and the results of the trial reported.

Dr. L. E. Parr's article on "Rhus Tox in Sciatica," in January CLINIC, seems worthy of a trial. I will test it while waiting a

reply. All kinds of old-school treatment have been tried.

H. M. LOWE, M. D.

927 E. St., N. E.

Washington, D. C.

—:O:—

Sciatica often proves obstinate because the nerve is enveloped in inflammatory deposits, gluing it to the adjacent parts. Forcible flexion of the extended limb will sometimes give great relief. Massage with hot camphor liniment, and a blister over the sciatic notch, are also valuable in many cases. The injection of morphine, gr. 1-8, and atropine, gr. 1-80, in a syringe-ful of chloroform water, the needle inserted close to the nerve at the most painful point, is an effective means of relief. But for a permanent cure I would suggest zinc phosphide, gr. 1-6, and strychnine arseniate, gr. 1-30, each given six times a day for two weeks; then substitute quinine arseniate, gr. 1-6, for the phosphide, and continue for a month, keeping up the massage, etc.—ED.

#### OUR PREMIUM CASE.

*Editor Alkaloidal Clinic:*—I am much pleased with your practical journal, and particularly with the little premium case. I like Shaller's Guide very much.

HUGH HALSEY, M. D.

South Hampton, L. I.

#### DUBOISINE.

*Editor Alkaloidal Clinic:*—The first number of my subscription to your excellent journal is just at hand. I am highly pleased with it. I was particularly pleased with Dr. Cate's paper, page 21, and with the comments upon it by the editor.

I have a patient, male, sixty-five years old, who has gradually developed, during the past six weeks, various brain symptoms that have recently culminated in an active, muttering delirium. His only history is of a chronic dyspepsia, of thirty years'

standing. It takes from one to two grains of morphine hypodermically, in half-grain doses, to quiet him and give him sleep.

Since reading Dr. Cate's paper and the editorial remarks upon it, I think it probable there may be something among the granules that I can use that is better than morphine, which is objected to, principally because he lives twelve miles from town and I cannot trust the family with my syringe.

The granules would be just the thing if I had something to meet the indications.

I want to find something to put this man to sleep, so that I do not have to make that drive twice a day.

EDGAR I. BRADLEY, M. D.

Parkersburg, Ia

—:O:—

Try duboisine gr. 1-134, giving from one-fourth to a whole granule at bedtime, in an ounce of hot water to insure quick absorption. Should it not give him sleep, even when pushed to a production of atropine symptoms, lay it aside and try hyoscyamine in the same manner and in the same dose, pushing it also until he obtains sleep or until the face reddens.

Cases of this kind are sometimes benefited by phosphorus, gr. 1-134, four to six times a day. I should be much pleased to know the result of this trial.—ED.

#### GOOD WISHES.

*Editor Alkaloidal Clinic:*—Enclosed find one dollar which you will please place to my credit; and we will remain friends to the end of the year. I am always glad to receive the CLINIC, and expect to continue taking it as long as I take any medical journal.

I am now seventy-two years old, and have been in practice since 1850, commencing in the state of Michigan, St. Jo county. I went to California in 1859, came here nearly four years ago, and expect to end my medical career here. I commenced using alka-

loidal remedies about four years ago, and have nothing but praise to offer for the change I have made. I only wish I had made it sooner. Still, like the old adage, we never get too old to learn. I think this is verified in more cases than mine.

You are engaged in a great work, fraught with much care and perplexity, of which you have more knowledge than any one can tell. I am hopeful you may continue in the good work till you have acquired a name so famous that it will pass down the ages as a rich legacy to those of other generations.

J. E. MOOERS, M. D.

South Park, Wash.

—:O:—

Thank you, doctor, for your kindly words of encouragement. We believe in our mission and are glad to know it is appreciated. By such expressions of approbation, and by criticism which we are always glad to have, we keep in touch with our readers.—Ed.

#### PHTHISIS CURED BY CLIMATE. FREE SPEECH.

*Editor Alkaloidal Clinic:*—I came to this country five years ago, after practising for fifteen years in Kentucky. I suffered with phthisis for four years, yet kept going as I had a large practice. In '88 I was taken with influenza; at the same time I had malarial fever. I got my fever broken but my cough continued bad, and my temperature was 99 to 100; my pulse, 90 to 105. I came to New Mexico and went to the Sacramento mountains, at an altitude of 6,500 feet. Here I commenced getting better, and to-day I am strong and healthy, and ride from two miles to seventy-five, as the population is very scattering in these mountains. I am alone here for miles, and all the consultants I have are my journals; and the CLINIC is my best friend.

Now I write this, thinking it may help some brother doctor who is weak-lunged,

or has some patients he wishes to send. I live 100 miles from a railroad; the nearest station is Roswell, N. M. I like the CLINIC because the editor takes so much pains in helping us out of our troubles.

I think Dr. Bailey was wrong, because, doctor, how do we get knowledge except by giving free expression to our views? If a spider falls in your plate you do not have to eat him, but then you can look at his color. Let us hear from any man who has an idea of his work. While I am a Christian I would not condemn any man for his views; and it is so nice to pick up the CLINIC and read so many doctors' views. And they are so plain. I want everybody to get the CLINIC, and join this little brotherly family; and not quarrel but love one another. Think of me away in these lonely mountains, and write all you know about diseases.

W. A. GRAHAM, M. D.

Upper Penasco, New Mex.

—:O:—

This is the sort of letter that makes us feel glad we are alive, and that we have made the CLINIC what it is—a helper. Think of that lonely man, without a professional brother within reach with whom he could talk over his difficulties and thus clear up the dim corners. Brethren, in your letters remember to be helpful. What you need others need; what has helped you will help them.—Ed.

#### URTICARIA.

*Editor Alkaloidal Clinic:*—Will you please give me, through the columns of the CLINIC your mode of treatment of urticaria? The patient is a lady, about thirty years of age, with no history of any hereditary tendency to urticaria and not much gastric disturbance; but the case is of a very violent type, extending universally over the whole body.

My treatment has consisted of tonics, such as iron and strychnine, with cathar-



tics, calomel in grain doses at night and seidlitz in the morning; careful dieting, and alkaline baths once a day to allay the intense itching.

But she does not improve under this treatment, and I hope you or the CLINIC readers will assist me in this case.

HANNAH C. FLEMING, M. D.

Falls City, Neb.

—:O:—

You can relieve the itching promptly by a weak mustard bath, or by painting with pure campho-phenique. Rely on the seidlitz salt alone to keep the bowels regular; and give colchicine, lithium salicylate and zinc sulphocarbolate for the digestive troubles. Do not let her eat too much meat.

The Hudor Company puts up a soda phosphate preparation under the name of Na-Phoskol, which ought to be well suited to this case, as it acts upon the upper bowel and stimulates the liver.—ED.

#### ANODYNE FOR INFANTS. VIBURNIN IN EARLY ABORTIONS.

*Editor Alkaloidal Clinic*:—My first use of Waugh's Anodyne for Infants was with my last grandson. I was delighted with its effect, but would not dare give it as freely as you direct, to infants under one year. I gave only a third of a granule to the babe two weeks old, and I gave half a granule yesterday to a babe one year old, with the desired effect.

I have two bottles labeled viburnin. In one the granules are black, in the other almost white. Is it possible or probable that the white are something else labeled wrong? I have had wonderful success in relieving women who habitually aborted during the first month without knowing it, with the granules of viburnin and caulophyllin. They had been married six, eight, ten and in one case nineteen years, all desirous of off-spring, and had been treated

by numbers of physicians for dysmenorrhea, menorrhagia and everything but the right thing. I learned in the early years of my practice, from an accident in my wife's second pregnancy, that a woman could abort soon after conception without knowing it; and by careful observation and examination of all clots passed by women who supposed they were menstruating, I found that it was a frequent occurrence.

For twenty-five years I treated such cases successfully by the use of fluid extracts of viburnum, caulophyllum and helonias; but the mixture was a nauseous one, and some patients found great difficulty in taking it. The granules have proved as efficacious and they are easily taken by everyone.

DR. W. L. COLEMAN.

Houston, Tex.

—:O:—

It is generally advisable to give the small dose, frequently repeated, until the physiological effect is apparent. Sometimes we have to get in a hard blow at once, a "knock-out;" but these are exceptions. The later viburnin granules are coated, hence the difference in color.—ED.

#### PULMONARY DISEASE: EXTERNAL APPLICATIONS.

*Editor Alkaloidal Clinic*:—As so much on diseases of the chest will probably appear in the CLINIC in February, it seems useless for me to attempt to write a complete article; however, I will make a few suggestions, which when mixed with good sense, will in a general way prove a practical help in all diseases of the respiratory tract.

First: Open the prima via with a suitable cathartic and corrective. In children I usually give a dose of *syr. rhei et potassii*, with a single dose of calomel in the same, sufficient to clean out the alimentary canal and stimulate the excretories.

Second: I grease the affected chest-wall with lard, turpentine and nitrate of san-

guinarine, or very often I use a common household remedy, "Trask's magnetic ointment," which contains lobelia and tobacco, and cover with a flannel cloth. If the larynx is affected I grease well up the front of the neck.

Third: I have for years been giving aconite and gelsemium in small doses every half-hour, until the fever is under control; then every one to three hours, adding a little digitalis or nux vomica as indicated. For the past year I have been using the defervescent and trinity granules, (A. A. Co.,) which seem to be all that one can desire in these cases. Add to the above if the patient is very restless a little opiate of some kind, morphine excepted and excluded on account of its tendency to dry up secretions and excretions. Warm the extremities with the hot water bag, hot irons, hot corn, or whatever is handy. Put the patient to bed, and in a large majority of cases your pneumonia, broncho-pneumonia or bronchitis, will be cut short.

In addition to the above, in croup, an emetic may be indicated.

Now the particular point to which I wish to call attention is the greased chest. That abominable thing called a "jacket poultice," still used by many excellent physicians, I believe has aggravated the disease and killed more patients than it ever relieved. Theoretically it is all right, but practically in so many cases you find the patient with wet, soppy, cold clothing, caused by the poultice, enough to make a well person sick to say the least, that I have long since abandoned its use. The object of a poultice is heat and moisture; with the above ointments and hot flannel cloths you get all there is in it. In addition, the local application of either ointment will relax the system as effectually as if taken in the stomach, and you have the advantage of not having a deranged stomach to deal with. Frequently all that is needed is the ointment. Emesis is often easily produced by inunction of the above. I might add a

great deal to this article, based on over nineteen years' field practice, but a single point in an article from each experienced CLINIC reader would make a large volume, and I trust this may be a pointer to some one at least.

S. A. OREN, M. D.

Lanark, Ill.

#### A GOOD IDEA.

*Editor Alkaloidal Clinic:*—Enclosed please find \$2.00 for two years' subscription to the CLINIC. I don't want to be bothered with the pink wrapper for some time to come, as I intend to be a subscriber to the CLINIC for all time.

DR. JOSEPH B. LEONARD.

Payson, Ariz.

#### BLACK VOMIT. HELP FOR DOCTORS BRIGHT AND CRAIN.

*Editor Alkaloidal Clinic:*—I have just gone through my first copy of the CLINIC and am highly pleased with it, as well as with the premium case and Shaller's Guide. The CLINIC fairly sparkles with practical thought.

Black vomit in yellow fever is a very grave symptom, but patients do sometimes recover when it has occurred. I have had a few recover in my practice.

If Dr. Crain, page 40, January CLINIC, will give saw palmetto to his patient with enlarged prostate, he will be surprised and pleased with the results. Sanmetto has given me great satisfaction in such cases.

In Dr. Bright's case of "Palmar Eczema," page 41, January CLINIC, the following ointment will give good results: Sodium sozoiodolate (Merck), two drachms; zinc oxide, four drachms; vaseline, ten drachms. Apply twice daily.

DR. S. E. HALE.

New Orleans, La.

—:O:—

Thank you, Doctor. This is what helps. Let us hear from you again.—Ed.

## TUBERCULAR PHTHISIS.

*Editor Alkaloidal Clinic* :—I should be only too glad to add an article to your valuable journal, but all tuberculous patients that have come under my observation here in the last eighteen years, resisting all treatment on the old lines, are in their graves excepting one.

The case referred to continues to improve, and can sit up several hours a day, though eight weeks ago she could not turn over in bed. The temperature is below 100° all the time, is normal half the day or more; expectoration slight; all the old intestinal troubles are entirely gone. In fact, she has perfect ease and comfort day and night.

As her friends express it, the treatment is wonderful for the ease and comfort given should she not live another day. I can scarcely hope as yet for an ultimate recovery from the hitherto fatal disease, but anabolism is certainly king at the present time.

[TWO WEEKS LATER.]

The results are more than could have been hoped for; the patient is sitting up a portion of each day, reading the newspapers and playing with the children.

The temperature remains nearly normal at all times, always below 100; appetite good; weight increasing; sleeps from 9 p. m. to 6 or 7 a. m., without coughing and scarcely waking. This is certainly a great change for ten weeks, and the weather such that the house could not be thrown open at any time. I will mention that on December 21st I added protonuclein five grains, one hour before and ten grains two hours after meals. There seems no great change in the physical condition of the lung; the sputum still contains the deadly germ, from sixteen to twenty per dilute, or per slide, yet they are decreasing, as the first examination swarmed with bacilli.

Spring will come soon and if we can hold and improve such a case so materially in-

doors, we expect before the summer is gone to sterilize the system of the deadly germ, and cicatrize the diseased portion of the lung. I think the nuclein has proved a useful adjunct in her case.

E. R. SWINBURNE, M. D.

Heppner, Ore.

—:O:—

The above is a report of a case of tubercular phthisis treated by the plan described by Dr. Waugh in recent numbers of the CLINIC. It will be noted that the diagnosis was verified and the progress watched by repeated examinations of the sputum by the microscope.—Ed.

## SPECIALISTS APPROVE.

*Editor Alkaloidal Clinic* :—Although my practice is principally devoted to the eye, I would not give up the CLINIC for all the medical journals that I take. I wish you continued prosperity for the year 1897.

EDW. S. FOSTER, M. D.

Boston, Mass.

## CHRONIC DIARRHEA.

## Help Wanted.

*Editor Alkaloidal Clinic* :—I am a physician of over twenty year's standing and have been a subscriber to your CLINIC for over twelve months. I have had chronic diarrhea for months and am reduced almost to a skeleton, the diarrhea being due to catarrh of the stomach and bowels. I am also annoyed very much by fermentative dyspepsia. I have been taking Zinc and Codeine Comp. tablets with some benefit, but believing they are intended for acute rather than for chronic diarrhea, I now write to ask you if you know of any preparation that will meet the indications better.

DR. J. B. MITCHELL.

Unitia, Tenn.

—:O:—

Try a diet of hot milk and raw, scraped lean beef, Carnrick's food, Bovinine, with

raw white of egg and absolutely nothing else for a few weeks. Then add pure fruit-juice of any kind, freshly pressed from the fruit. In the mean time take a  $2\frac{1}{2}$  grain tablet of zinc sulphocarbolate every two hours while awake; running the quantity up to forty or sixty grains a day if necessary, increasing the dose until the stools have no longer any odor. You must not forget that constipation of the upper bowel will cause irritation, but if every third day you will take a teaspoonful of seidlitz salt in a glass of cold water before breakfast, it will prevent this trouble. Wear a flannel bandage over the abdomen, soaked with cod-liver oil and covered with oiled silk. Keep this on night and day. Keep your feet dry, avoid catching cold, and this treatment will cure you.

Do you know, sometimes the adoption of the Jaeger system of wearing nothing but wool, night and day, enables us to cure cases that resist all treatment without it?—Ed.

#### THE PRESCRIPTION OBSOLESCE.

*Editor Alkaloidal Clinic:*—All that you say of the druggist and his costly ways, the burden and leakiness of the prescription is more than true. He has done more to advance homeopathy into favor than even the ignorance and carelessness of the ordinary physician as to the disagreeableness of his medicine. It is all too true, and the physician is a fool who does not see the truth and pertinence of it all, even as he views women, children, weak wills and weak stomachs, revolt at our doses and fall back on the *vis medicatrix naturae*, via sugar pellets. And we wonder why we are left!

STEPHEN BREDIN, M. D.

Franklin, Pa.

—:O:—

Doctor, is it not natural that people, even the strong willed, should prefer to be cured by pleasant means?—Ed.

#### DIABETES MELLITUS.

Help for Dr. Weed.

*Editor Alkaloidal Clinic:*—Dr. T. R. Weed asks help, in the CLINIC for January, page 33, for a case of diabetes mellitus. His patient is too young to give up now. I wish the doctor would try the following and report after a month's trial: Solution of bromide of arsenic, one drop to a glassful of water, gradually increasing to three drops three times daily until the sugar decreases, then continue the one drop. This may be kept up for years.

Restrict the amount of fats and starch and substitute saccharine for sugar. I have never tried the granules of arsenic bromide but think they would do as well and perhaps better.

I enjoy the CLINIC more than any other journal and wish we might have it twice a month.

D. G. UNDERWOOD, M. D.

Westminster, Vt.

—:O:—

Doctor, we thank you for your suggestions and trust that Dr. Weed will try it and report. Whose solution of bromide of arsenic do you prefer?—Ed.

#### REPRESSION UNPOPULAR.

*Editor Alkaloidal Clinic:*—The sex question now under discussion is a very interesting one, and I have often wondered why we did not have more literature on that subject. It is something we all would like to know more about, for the reason that we are daily consulted on some things concerning it. I take the ground that it is only by the discussion of the sex question, and all other questions of like nature, that we get out of them refinement and morality.

Must we, like brutes, always remain ignorant and in the dark on sexual questions? If they are not discussed in current medical literature, this of course will be the

result; for I have never been able to find any books written upon them. If such exist I would like to hear of them, so that I can secure them.

But again thanking you for your kindness and for your valuable and interesting journal I will close.

G. W. FLEENOR, M. D.

Helston Valley, Tenn.

#### HYPERIDROSIS.

*Editor Alkaloidal Clinic* :—I am in need of help. Miss S., fifty years old, comes to me with the following history: One year ago last June, a peculiar sweating began. She will be sitting comfortably in her room when all at once she will break out in a sweat, and in just a few minutes will be dripping wet. This will last from twenty to eighty minutes unless she goes out in the open air. If she does this it will stop immediately. Yesterday she came into my office looking as trim as you please; sat down and began to talk, when all at once the sweat began to run down her face. She got up, walked out in the air, and in a few minutes came in as dry as before. This will happen a number of times a day, and is worse at night. She complains at the time of sweating, of an itching, burning sensation in her head; she says: "Just beneath the bones of the head." One sister died of tuberculosis.

What is it? Give the treatment if it is possible from this meager description. I have given a number of drugs, which did very little good. I am now giving granules of hyoscyamine, atropine sulphate, strychnine sulphate and sulphocarbolate of zinc. I began that treatment one week ago. She is some better. I like the CLINIC and shall continue to take it.

R. W. SMITH, M. D.

Spring Valley, Ohio.

—:O:—

You have made a good selection; and we would only suggest that you leave out

hyoscyamine, as atropine acts more strongly on the skin, and add hydrastin sulphate, gr. 1-67, every hour or two. Keep the bowels regular with Waugh's Laxative, which in themselves contain the best remedies for sweating. We have had quite number of these cases reported, and would like to know the result.—ED.

#### STOMACH COUGH.

*Editor Alkaloidal Clinic* :—Enclosed find cash for nuclein (Aulde,) and for Waugh's Improved Dover's. I wish to try them to check a cough in a young lady; who is suffering from one of bronchial origin at first, but now extending down to the stomach. Her condition is alarming as she is very emaciated. The nuclein granules are to restore the vital powers by building her up. She is also very anemic, but for this I am giving subcarbonate of iron, with maltine. She has been treated by three other physicians before coming to me. I would like to pull her through with the little granules if possible. If there are any other granules you could suggest in her case please send them with these, and I will forward the money forthwith. I will send my renewal to the CLINIC the first of next week so that I will not miss a number.

LIZZIE E. HAZLETON, M. D.

4 Ash St., Indianapolis, Ind.

—:O:—

Doctor, give her also the strychnine arseniate, gr. 1-134, every two to four hours by day, and keep her bowels open by the daily use of seidlitz salt. These coughs are often kept up by vital debility or by constipation; and whenever you use an insoluble form of iron give a saline laxative to prevent accumulation.—ED.

Try Waugh's modified Dover's powder for dry, hacking, irritating cough, especially of men who do not stay at home and take care of themselves. Give them a wooden bottleful for the pocket.



**PINK WRAPPERS DISLIKED.**

*Editor Alkaloidal Clinic:*—Please find enclosed \$1.00 for your journal for '97. I am well pleased with it. Now take the red dress off my CLINIC and put on a summer and spring dress for the sunny south. I would like a few thoughts from you on the opium-morphine habit; your treatment, or what you would suggest in the treatment. Having called the attention of other doctor's to the CLINIC, letting them have some of my copies, I hope to get you several subscribers. I have found several articles in the CLINIC that are worth more than all in some other journals.

J. F. ROUGHTON, M. D.

Atlanta, Ga.

—:O:—

Thank you, doctor, for your active interest in adding to our subscription list. It is by it we live and its growth enables us to add to the size and quality of the journal. It is to every subscriber's interest to add his friends to our family. We will keep the morphine habit in mind.—ED.

**NEURALGIA.**

*Editor Alkaloidal Clinic:*—From time to time during the past two years copies of the CLINIC have been sent to me; and, like the drop of water, have worn away any prejudice I may have entertained against the alkaloids. I want the CLINIC for '97, Shaller's Guide, a twelve vial case with the remedies selected and an additional supply of aconitine, which I wish to test on two intractable cases of neuralgia; and will thank you if you will give me a few points on this matter as to doses, etc. Add some tablets of gelseminine also, for use in the above cases. Begin with January number.

PHILIP F. DILLON, M. D.

Bristol, R. I.

—:O:—

We have accomplished with you just what we are striving to accomplish with the profession in general—open their eyes to

the value of the alkaloids in medicine and the CLINIC as a teacher in up-to-date therapeutics.

Neuralgia is generally an expression of debility, of nerve starvation; and while certain remedies will relieve, none will cure in such cases excepting those that build up the general system. Aconitine relieves congestive neuralgia, cases where the nerve, its sheath, or both, are swollen and pinched. One granule should be given (better in solution) every fifteen minutes until four to six have been taken or relief produced. If the face is white, combine with glonoin, one granule at each dose, until its characteristic effects have been produced. Remove all sources of irritation, improve nutrition with quassin and strychnine at meals, seidlitz salt each morning and careful attention to diet; and you will ultimately cure your patient. The relief-treatment with glonoin and aconitine may need to be repeated at intervals several times. Sometimes a few doses of guranina relieve the pain speedily, after which the tonics come in.

Now, Doctor, look out for constipation. These cases often suffer from auto-infection from the alimentary canal. There is a cause for the neuralgia which you must find out. Then alone can you carry your treatment to success.—ED.

**HYDROCELE.**

*Editor Alkaloidal Clinic:*—The case of Dr. W. H. Hill, of Mooresville, Ala., mentioned in No. 11 of your excellent journal, is not spermatocoele nor is it varicocoele. Allow me to say, with modesty, it is hydrocele. In regard to a cure: I have practised in Warren, Pa., for twenty-two years, and during that time I have had eleven cases of hydrocele. I have cured these eleven cases permanently, and only once did I have to repeat the injection. I used tincture of iodine, two teaspoonfuls, pure, undiluted with water, injecting the iodine

after drawing off the fluid through a canula. If Dr. Hill will use iodine the way I did, and get up inflammation enough to cause adhesion, he will cure his "dropsy of the scrotum."

DR. E. D. PRESTON.

Warren, Pa.

—:O:—

If the effusion returns, insert a canula and let the fluid drain off as fast as it is secreted. The walls of the sac then come into apposition and adhesive inflammation soon glues them together.—ED.

#### WE THINK SO, TOO.

*Editor Alkaloidal Clinic*:—The CLINIC is as good a journal as is published, and deserves to be read by every practical physician.

D. M. ADDINGTON. M. D.

Bartlett Springs, Cal.

#### HELP WANTED.

*Editor Alkaloidal Clinic*:—This case is one of skin disease, of three years duration. It began as pimples on the skin at the hip and buttock and in the perineum. The pimples go on to slight suppuration, with indurated, inflamed bases. They are of all sizes and in all stages of maturity. Those in the inflammatory stage are painful; later they scab over, dry, shrivel up, pit and get better, leaving a coppery discoloration, with a central scar of white, fibrous tissue, of varied sizes. One crop follows another. No loss of substance is apparent. During the drying stage it may itch severely. On the perineum it has more of an eczematous appearance. The pimples are smaller, scabs small and dry, and itching worse, especially when heated or sweating. During the summer, strangely enough, this condition has improved and disappeared, but after a varied period the itching began and then the skin inflamed in patches, and the old trouble broke out afresh. The patient declares he never had any venereal trouble.

He is a hale and hearty man in every other way. I have tried several mercurial ointments with but little success; they improved him a little but he relapsed afterward. He tried an ointment called Beard's and says it did him good. Can any one suggest treatment?

H. E. DENNY, M. D.

Shediac, N. B., Canada.

—:O:—

Doctor, an eruption of papules, not acute, and leaving scars on subsiding, is universally regarded as specific, no matter what the patient asserts. People do not always know it when they contract syphilis. I would put the man on mercury anyhow, with arsenic sulphide whenever the papules suppurate, and mercury oleate locally, giving him the benefit of the doubt.—ED.

#### CARBUNCLE.

*Editor Alkaloidal Clinic*:—I this moment saw an article entitled: "Rational Treatment of Carbuncle," which leads me to say through your journal, as I have through others, that a man thirty-five years of age, a farmer, and of fairly good constitution and habits, called my attention to a large carbuncle on his neck to which he had applied old honey, and assured me that it was getting well. This assurance was fully verified by personal observation, extending to its final cure.

Of the antiseptic properties of old honey you and your readers are to judge.

J. H. CRAIN, M. D.

Beechwood, Ill.

#### THE CLINIC A NECESSITY.

*Dear Doctor Abbott*:—Though times are hard and money is as scarce as hen's teeth, I must have Dr. Waugh's book, and to do without the CLINIC would be like going without bread.

DR. G. BIENER.

Port Allan, La.

**TOO SUCCESSFUL WITH ALKALOIDS.**

*Editor Alkaloidal Clinic:*—The doctor who terminates all acute fevers in from two to seven days, and pneumonia in the same time, is out of fashion; and isn't in it for anything but poverty. The fool people have had the idea pounded into them for so many generations that these diseases cannot be aborted, that when the astute young old foggy trots out the old familiar scapegoat, they all accept it as truth and act accordingly; so that the doctor who really cures gets neither money nor reputation. Tell me, dear doctor, why is it that mankind are so much more ready to accept the false than the true, suffer agonies thereby, and still cling to it with a death grasp? Is the truth too cheap? It must be. Well, I can't help it and it's no use moralizing.

DR. S. R. HOLLY.

Princeton, Wis.

—:O:—

Great truths are always disseminated with difficulty, while error flies on the winged wind. Just peg away, Doctor, and if people have no worse stories to tell of you than that you cure too quickly, you are lucky.—ED.

**A FREE OPINION.**

*Editor Alkaloidal Clinic:*—The pink wrapper is a gentle reminder that my subscription to the CLINIC ends with this, the last month of the expiring year. And as we stand upon the threshold of another, and a new, may it not be in order to return my sincere thanks for its prompt monthly visits, as well as express my great appreciation for so much that is essential in the practice of those comparatively young in alkaloidal medication.

My connection with the CLINIC began two years ago, at a time when other medical journals were coming on monthly visits to my office; and after reading and re-reading much in the copy you sent me I

immediately became interested, and well satisfied that the CLINIC would fill a long-felt want in my case. I believe its teachings are correct, and all in all the best, and that our able editor, with a long list of practical and talented contributors, will rank well with those connected with any journal in the land. Some have written for its pages who have no superior in any of the pursuits of life.

I cannot close with this little mite, without expressing my own concurrence in some things which have been written on the sex question. Dr. Shaller has sounded the "key-note." I endorse him "in toto"—his sentiments are mine. He has handled his subject in a plain and masterful manner, and in my opinion is right. Viewed either from a physical or moral standpoint he is a safe man, and I want his guidance.

I must say that as a subscriber, a lover, a patron of the CLINIC, I prefer pathology, diagnosis, dosimetry, as you teach and practise it, to anything so far evolved from the sex question.

J. T. CLEVELAND, M. D.  
Shellman, Georgia.

—:O:—

The CLINIC is a republic, where equal rights prevail. Every reader will select what he likes from its varied contents. If the part you like is too small, it is fair to believe that others feel as you do; and that a contribution to our pages from you will help to restore the balance. So, doctor, let us have something on pathology and treatment from your own experience.—ED.

**SHALLER'S GUIDE A GEM.**

*Editor Alkaloidal Clinic:*—I received Shaller's Guide a few days ago. I consider it a gem, filling a long felt want. It is thorough, good and filled with good, practical knowledge.

DR. C. STANTON.  
Fremont, Wis.

**DIABETES INSIPIDUS.**

ANSWER FOR DR. S.

*Editor Alkaloidal Clinic*:—There is no specific, but if the patient has a history a mixed treatment of mercury and iodide of potassium will work as a miracle. I do not agree with the editor's advice of restriction of drinks; there is a burning thirst and this must be satisfied. However, pieces of ice or sour lemonade should be given with the drinks, to lessen the thirst.

Opium and its alkaloids (morphine and codeine) have frequently caused a diminution of thirst and of urine. Trousseau recommends valerian in one form or another. I usually give the powder of the root, in teaspoonful doses, three times daily. I should add to the excellent advice of the editor the acetate of lead also.

Some literature: Althaus, Med. Times, 1880; Finlayson, Gaillard's Jour., 1881; Da Costa, Lancet, 1889; Trousseau, Union Med., 1885; Ziemssen's Handbook of Therapeutics, second edition, 1879; and a lot of others.

Some have had success with electricity, galvanic or faradic.

DR. W. T. BRILL.

Pittsburg, Pa.

**VESICAL CATARRH.**

*Editor Alkaloidal Clinic*:—Replying to Dr. Crain (page 40), I advise him to give fluid extract of sorghum, or broom-corn seed, in teaspoonful doses, three or four times daily. I have found this to be the best remedy, and effectual in cases of old men who have to rise frequently at night to void the urine, from catarrh of the bladder.

The article can be procured from Sharp & Dohme, Baltimore, or Parke, Davis & Co., Detroit.

W. J. CRAIGEN, M. D.

Cumberland, Md.

**PRURITUS.**

*Editor Alkaloidal Clinic*:—In the case of pruritus I followed practically the outline given. I had been using colchicine salicylate prior to the receipt of your letter, with some improvement; continued the use of colchicine, and prescribed Fehr's carbolated talcum powder and the laxative as advised on page 42, January CLINIC. The Betz vapor bath was also advised to secure a healthful action of the skin. The result is that the treatment has given the most comfort of anything that has been tried.

Many thanks for your timely suggestions.

A. M. BEAL, M. D.

Moline, Ill.

**ALWAYS WELCOME.**

*Editor Alkaloidal Clinic*:—The CLINIC is always welcome.

DR. J. M. BURLESON.

Eden, Texas.

**ZINC AND CODEINE COMP. FOR COLDS.**

*Editor Alkaloidal Clinic*:—The Zinc and Codeine Compound for diarrhea and gastro-intestinal affections will be found one of the best cough tablets in pulmonary diseases attended with debility, putrid expectoration and an aggravating cough. In tuberculous disease of the lungs with a tendency to diarrhea, their adaptation is evident. Try them in this class of cases, and both you and your patient will be pleased with their work. For the cough, one-fourth to one ordinary tablet answers admirably.

HAMILTON KIBBIE, M. D.

Oblong, Ill.

—:O:—

Dr. Kibbie has recognized an important point in the pathology of consumption—the effect of swallowed sputum on the digestive organs, and the wisdom of adding an antiseptic to the cough remedy. His little note is most suggestive.—ED.

**CHRONIC TONSILLITIS.**

*Editor Alkaloidal Clinic:*—I use a long pair of curved scissors and clip the tonsils, taking off enough to make the parts bleed freely; then prescribe as a gargle, alum, carbolic acid and chlorate of potassium; also a pill, which consists of equal parts of sulphate of quinine, sulphate of iron, oil of black pepper and ext. gentian; one pill to be taken before each meal. This treatment has proven as near a specific as I desire.

W. W. PUGH, M. D.

Hearne, Texas.

—:O:—

Short and to the point; that is what wreathes the editor's face in smiles.—Ed.

**HELP FOR DR. CUSICK.**

*Editor Alkaloidal Clinic:*—If Dr. Wm. Cusick will use vaginal suppository, No. 401, made by Wyeth, of Philadelphia, Pa., one each night, followed by a hot douche in the morning, and give Buckley's uterine tonic, one pill three times a day, he will cure his case of subinvolution with endometritis beyond a doubt.

For the constipation I would give tablets of aloin, belladonna, strychnine and ipecac, one at bed-time.

The CLINIC is the best journal that I can find. Long may it live.

DR. J. C. NELLIS.

Herkimer, N. J.

**POINTED, PRACTICAL AND HELPFUL.**

*Editor Alkaloidal Clinic:*—Allow me to express my thanks to you for your kindness in continuing my CLINIC after my subscription had expired. I trust that my appreciation of the merits of the CLINIC will not be measured by my slowness to respond to your invitations to renew.

Your journal meets, as fully as any publication can, the requirements of the busy practitioner. Every article is pointed,

practical and helpful, the editor's comments and suggestions being particularly useful to the tyro in alkaloidal treatment.

Again accept my thanks, and also, what is a more substantial evidence of my appreciation, a P. O. order for \$1.00, which please credit on my subscription.

E. P. SHELTON, M. D.

Dripping Springs, Texas.

**DUBOISINE: CLIMACTERIC MELANCHOLY.**

*Editor Alkaloidal Clinic:*—I was very much interested in Dr. Cate's communication in the January CLINIC, and also by your remarks at the end thereof on duboisine.

I have a case of climacteric melancholy which is giving me trouble, and since reading your remarks I have determined to give duboisine a trial.

J. M. W. CANNON, M. D.

Kidder, Mo.

—:O:—

Doctor, see that the lady's bowels are thoroughly emptied by enemas and purgatives; then give duboisine, gr. 1-500, every half to two hours, each dose in hot water, until the atropine symptoms show themselves. Please let us know the result.—Ed.

**NUCLEIN FOR URTICARIA.**

*Editor Alkaloidal Clinic:*—A young lady informed me that she had hives (urticaria) that had just appeared; the itching was intense and she wished relief. I gave her six tablets of nuclein (Aulde), and the next day she informed me the itching had ceased and that the hives had nearly disappeared. Six nuclein tablets cured this case.

DR. BENJ. E. HAYS.

2080 Lexington Ave., New York City.

—:O:—

Doctor, there's a point in this; do not let it slip you.—Ed.